



**Indian River Volunteer Fire Company, Inc.**  
Serving Oak Orchard, Riverdale, Long Neck & Vicinity

Station 80

32628 Oak Orchard Road  
Millsboro, Delaware 19966

Station 1 – Corporate Office  
Phone: 302-945-2800  
Fax: 302-945-1130

Station 2 – Long Neck  
Phone: 302-945-2801  
Fax: 302-947-9447

Website: [www.irvfc.com](http://www.irvfc.com)

RE: IRVFC Membership Application Packet

Dear Prospective Member:

Congratulations on your decision to become a part of the Delaware Volunteer Fire Service and thank you for expressing interest in the Indian River Volunteer Fire Company, Inc. Without the willingness of dedicated volunteers such as yourself, our organization would not be able to function and provide the vital service that we do to our community.

Enclosed within this application packet you will find various documents that need to be completed in their entirety. We acknowledge that there is a large amount of information that is needed, however due to the day and time that we live in, we must conduct extensive background investigations to ensure the safety of the members of our organization as well as the community that we serve.

In addition to completing the documents within, you will be required to obtain a Criminal History Record from the Delaware State Police – State Bureau of Identification (SBI), as well as a Certified Driving Record from any state in which you have been licensed within the last three (3) years. Please see information provided within the packet as to where the aforementioned records should be forwarded.

If you should have any questions regarding the application or the Indian River Volunteer Fire Company, Inc., please do not hesitate to contact either of the following officers at your earliest convenience:

(1) [President@irvfc.com](mailto:President@irvfc.com)

(2) [Secretary@irvfc.com](mailto:Secretary@irvfc.com)

Again, thank you for your interest, and we look forward to having you become a part of the family here at the Indian River Volunteer Fire Company, Inc.

Highest Regards,

Board of Directors  
Indian River Volunteer Fire Company, Inc.

ATTACHMENTS  
IRVFC:tnw



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### MEMBERSHIP CLASSIFICATION DESCRIPTIONS

1. **Active Membership** – Any member, eighteen (18) years of age or older, performing the duties of a Volunteer Firefighter and/or Fire Police Officer, shall be classified as an Active Member. Active Members are subject to strict participation and training requirements set forth herein these By-Laws.
2. **Junior Membership** – Any member, sixteen (16) or seventeen (17) years of age, with written consent of their parent and/or guardian, performing the duties of a Volunteer Firefighter, shall be classified as a Junior Member. Junior Members are subject to strict participation and training requirements set forth herein these By-Laws. Junior Members will not have voting privileges in Company matters, are not permitted to operate any Firefighting Vehicle and/or Vessels, and are ineligible to hold an elected office.
3. **Regular Membership** – Any member wishing to contribute to the good of the Company and/or those deemed to have physical, emotional and/or mental impairment, where firefighting activities could endanger their life, welfare, and/or livelihood, shall be classified as a Regular Member. Regular Members are **NOT** permitted to perform the duties of a Volunteer Firefighter, however shall still be subject to strict participation requirements set forth herein these By-Laws.
4. **Life Membership** – Any member, who has completed twenty-five (25) years of faithful service; is a Past President or Chief; and/or has performed extraordinary, honorable and faithful service, shall be eligible for nomination to become a Life Member. A third-party member, who is in good standing, must submit a recommendation, in writing, to the Membership Committee with the nominee's consent. The nomination will be presented at a Regular Monthly Meeting and shall be voted upon by Secret Ballot. Life Members shall be installed at an appropriate ceremony, and given a distinctive vehicle tag, plaque and membership card.
5. **Honorary Membership** – Any person who has performed meritorious duties and/or tasks, over and above their call on behalf of the Company shall be eligible for Honorary Membership. The Company bestows this classification as a formal method of recognition. Honorary Members are entitled to participate in Company matters, benefits, functions and special events; however will not have voting privileges, may not be permitted to operate any Company vehicle, nor can they hold an elective office. Recommendations for Honorary Members must be presented in writing by another member and approved by the general membership at any Regular Monthly Meeting via Standard Ballot.



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 www.irvfc.com

\_\_\_\_\_  
 Date of Application

APPLICATION FOR MEMBERSHIP

GENERAL INFORMATION

Applicant Name:

\_\_\_\_\_  
*First Name Middle Name Last Name & Suffix*

Applicant Address:

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City/Town State Zip*

Contact Numbers:

\_\_\_\_\_  
*Home Phone Cell Phone Work Phone*

Email Address:

\_\_\_\_\_  
*Email Address*

Date of Birth:

\_\_\_\_\_  
*MM DD YYYY*

Social Security Number:

\_\_\_\_\_  
*XXX XX XXXX*

DRIVER'S LICENSE INFORMATION

State of Issuance:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Number:

\_\_\_\_\_

Class:

\_\_\_\_\_

\*Please be advised that IRVFC requires you to submit a certified copy of your driving record, for the last three (3) years from any state in which you were licensed, with this application.

EDUCATION INFORMATION

High School:

\_\_\_\_\_

Graduated? Yes

No

College/University:

\_\_\_\_\_

Graduated? Yes

No

Degree(s) of Study:

\_\_\_\_\_

MILITARY SERVICE

Military Status:

Active

Reserve

Retired

Branch:

\_\_\_\_\_

Dates of Service:

\_\_\_\_\_

Type of Discharge:

\_\_\_\_\_

EMPLOYMENT INFORMATION

Current Employer:

Business Name

Address

Occupation

Years Employed

Supervisor's Name

Contact Number

Do you object to IRVFC contacting your employer?

Yes

No

CHARACTER REFERENCES

Please list two (2) personal references that are NOT related to you.

Reference #1

Full Name

Phone Number(s)

Reference #2

Full Name

Phone Number(s)

PREVIOUS FIREFIGHTING EXPERIENCE

Do you have any previous firefighting experience or training?

Yes

No

Department:

Name of Department/Company (Please Include State)

Phone Number

Position(s) Held

Years of Service

Department:

Name of Department/Company (Please Include State)

Phone Number

Position(s) Held

Years of Service

BACKGROUND QUESTIONNAIRE

1) Have you ever been arrested for ANY offense other than a minor traffic violation?

Yes  No

2) Have you ever had ANY offenses dismissed via Probation before Judgment?

Yes  No

3) Are you presently awaiting court action for anything other than minor traffic violations?

Yes  No

If yes, please explain:

**MEMBERSHIP ELIGIBILITY REQUIREMENT & SELECTION**

Please review the information below and select your desired Membership Type.

Junior Membership (Age 16-17)	Active Membership (Age 18+; Firefighter)
Regular Membership (Non-firefighter)	Honorary Membership (Must be nominated)

**MEMBERSHIP ELIGIBILITY**

Any person sixteen (16) years of age or older having good character and habits, residing within the fire district of the Company or within a two (2) mile of radius of the district boundary shall be eligible for membership in the Company. However, if an applicant was previously a member of this company and was expelled, they shall be ineligible for membership in the Company for a period not less than five (5) years from the date of expulsion. Any other exceptions to the qualifications for membership, except as previously stated, must be approved by the membership through a standard ballot, at the time the application is introduced. The company shall not advocate, support, or practice discrimination based on race, religion, age, national origin, language, sex, sexual preference, gender, gender identify, gender expression or perception, or physical handicap.

\*Please see attached the attached membership classification descriptions to best determine the appropriate membership selection.

**APPLICANT ACKNOWLEDGEMENT & CONSENTS**

I, \_\_\_\_\_, the undersigned applicant for membership within the Indian River Volunteer Fire Company, Inc., hereby waive the physician-patient privilege of confidentiality, and do hereby consent that the Indian River Volunteer Fire Company, Inc. may request copies, examine and/or copy, any and all medical records bearing upon my character, personal characteristics, habits, associates, and/or traits.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The undersigned, upon oath, deposes and states as follows: that he/she is the person whose signature appears herein on these documents; that he/she has read and is aware of the consent thereof of the accompanying documents; that the same is true and correct according to the best knowledge and belief of the undersigned; and that he/she executed same freely and voluntarily.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that upon acceptance into the Indian River Volunteer Fire Company, Inc. I am required and expected to participate in various activities as outlined in the Company BY-LAWS and based upon my respective membership type. I further understand that upon acceptance into this Company I am on a one (1) year probationary period and must meet all requirements of a member and failure to do so will result in dismissal from the company. I hereby acknowledge that the above questions and information have been answered correctly to the best of my knowledge. If it is discovered at any time that I have made a willfully false statement, it will be considered just cause for dismissal from the company.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this _____ day of _____, _____.
Notary Public: _____
(Seal Endorsement)



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### SUPPLEMENTAL REQUIREMENTS

The following items must be completed and attached to the application prior to remitting this packet to the Company for membership consideration.

#### 1. CRIMINAL HISTORY RECORD

Each applicant is required to obtain a Criminal History Record from the Delaware State Police – State Bureau of Identification (SBI) and must be dated within sixty (60) days of your current application. The attached Fingerprint Verification Form must be filled out by the SBI Agent at the time your record is requested.

Applicants may obtain their Criminal History Record at either of the following locations:

- (1) Sussex County SBI Office  
Thurman Adams State Service Center  
546 South Eedford Street – Room 202, Georgetown Delaware 19947  
Monday – Thursday, 8:30 AM – 3:30 PM

**Appointment Required** – Applicant's should contact (302) 739-2528 to schedule an appointment. Results will not be made available on the same day at this location.

- (2) Kent County SBI Office  
Blue Hen Corporate Center  
655 South Bay Road – Suite 1B, Dover Delaware 19901  
Monday, 8:30 AM – 6:30 PM  
Tuesday – Friday, 8:30 AM – 3:30 PM

**NO Appointment Required** – Applicant's responding to the Kent County SBI office should make it known that the background check is for a Volunteer Fire Company which will enable you to receive the results on the same day.

#### 2. CERTIFIED DRIVING RECORD

Each applicant is required to obtain a Certified Driving Record from any state in which they have been licensed within the last three (3) years.

Delaware Driving Records can be obtained via the following means:

- (1) Georgetown DMV – Driver Improvement Office  
23737 DuPont Boulevard, Georgetown Delaware 19947
- (2) Indian River VFC

The Company has the ability to obtain your Delaware Driving Record on your behalf at a cost of \$30 USC. Contact Secretary Tyler Wright @ [tylernwright@gmail.com](mailto:tylernwright@gmail.com) should you elect this option.



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WAIVER OF CONFIDENTIALITY

TO: ANY LOCAL, STATE OR MUNICIPAL LAW ENFORCEMENT AGENCY;  
ANY DIRECTOR, DEAN, REGISTRAR OR ANY AUTHORIZED PERSON AT ANY SCHOOL, TRADE  
SCHOOL OR FIRE ENTITY;  
ANY PAST OR PRESENT EMPLOYER; AND/OR  
ANY DIVISION OF MOTOR VEHICLE (DRIVERS LICENSE INFORMATION)

I, \_\_\_\_\_, the undersigned, have applied for membership OR am currently a member of the Indian River Volunteer Fire Company, Inc. I hereby waive the benefit of any statute(s), rule(s) or regulation(s) prescribing confidentiality of record(s) of any state or federal law enforcement agency, any educational institution(s), any past or present employer, and/or any Division of Motor Vehicle agency.

I am aware that my background may be investigated and I hereby authorize and request the release of any and all information you have that concerns me, including but not limited to disciplinary matters, character references, professional references and/or driving record information.

This authorization, or a reproduction thereof, shall be valid for the duration of my membership within the Indian River Volunteer Fire Company, Inc.

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver License Number \_\_\_\_\_

State of Issuance \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Given under my hand, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Applicant/Member \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

(Seal Endorsement)



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### Delaware Volunteer Firefighter Background Check Application

Fire Company		
Fire Company Address		
Fire Company phone number		
Applicant's Name		
Street Address		
City	State	Zip
Phone		DOB
I, the undersigned, certify that I am applying for membership in the above named Volunteer Fire Company.		
Signature:		Date:

I, the Chairman of the Membership Committee or Recruiter for the above named Volunteer Fire Company certify that this above named applicant is applying for membership in our fire company. My signature is certified by the placement of the fire company seal in the space provided below.	
Patrick C. Miller, President	
Name of Company Representative ( <i>printed</i> )	
Patrick C. Miller, President	
Company Representative's Signature:	Date:

