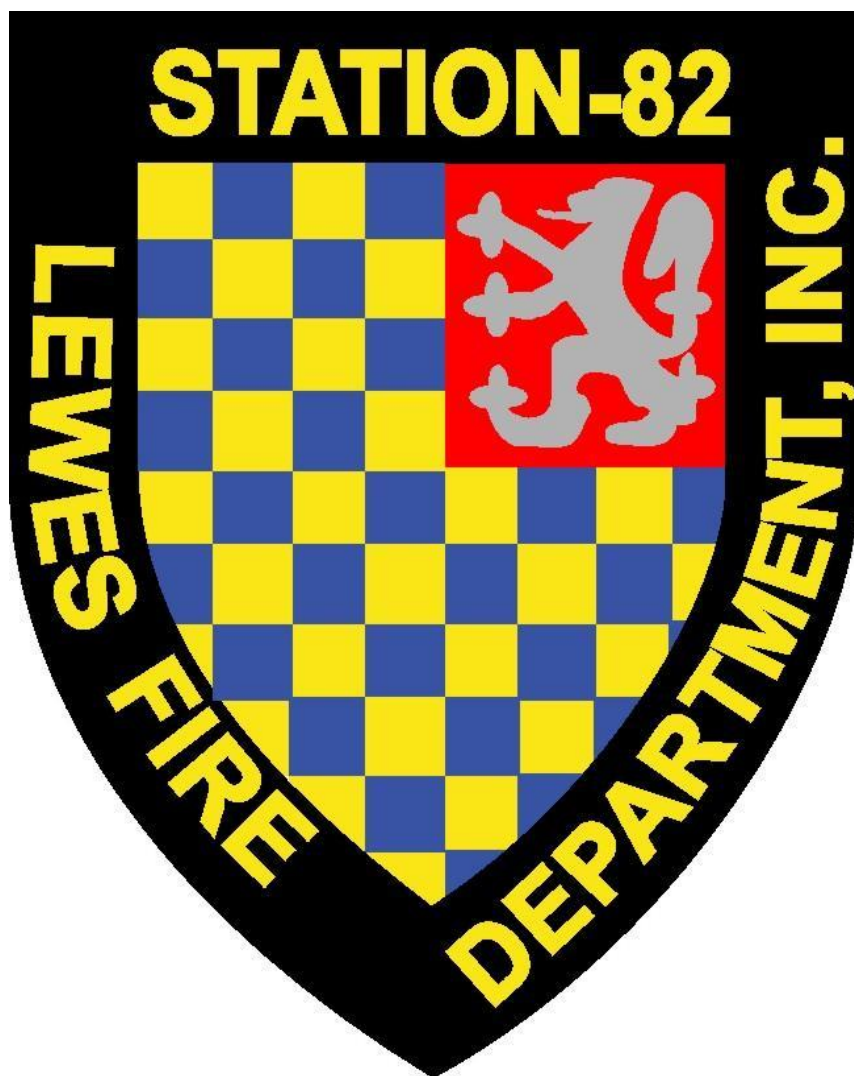


Lewes Fire Department, Inc.



Membership Application Packet

LEWES FIRE DEPARTMENT, INC.

MEMBERSHIP APPLICATION PROCEDURE

1. Applicants to the Lewes Fire Department, Inc. must be at least 15 years of age and a U. S. citizen at the date of application.
2. Prospective members may obtain an application package at any of our three stations or at www.lewesfire.com

The application package consists of:

1. Temporary Membership Requirements
2. Membership Application
3. Instructions for criminal history and driving record
4. Occupational Health Program Form
5. Junior Member Parental Consent Form
6. Authorizations and Signature Form
7. Delaware State Law Affidavit
8. Membership Record Form
9. HIPAA Compliance Form
10. Membership Yearly Requirement Form/Training Form

3. Prospective members will return the completed application to the Fire Chief / Review Board after they have started the criminal history process. Applications will be accepted by **U. S. Mail Only** to:

Fire Chief / Investigating Committee
Lewes Fire Department, Inc.
P.O. Box 225
Lewes, DE 19958

4. If the prospective member has been affiliated with another Fire / EMS Department, a letter of recommendation on company letterhead from the Chief or President of that Department, as well as a list of training activities, will be required in addition to the criminal history and driving record.
5. The Fire Chief and Investigating Committee shall **CONFIDENTIALLY** review all applications, criminal histories and other documents submitted by the prospective member. Decisions of acceptance of documents and records will be at the discretion of the Fire Chief / Investigating Committee who will review each case on an individual basis.
6. The prospective member will be notified electronically, by telephone, or in writing of the date, time and place of the interview, at least five days before the date of the interview.
7. The Fire Chief / Investigating Committee will interview and advise the prospective member of probationary requirements.
8. The Fire Chief / Investigating Committee will make a recommendation in writing to the President to be voted on at the next Department meeting.
9. The prospective member will be notified by the Fire Chief / Investigating Committee of the disposition of their membership status.

LEWES FIRE DEPARTMENT, INC.

TEMPORARY MEMBERSHIP

REQUIREMENTS OVERVIEW

All new members, over the age of 18, will be required to serve a minimum of a 1 year temporary membership period. The temporary member will have up to 2 years to complete membership requirements. Any temporary member who has served in another Fire / EMS department in Delaware may have the training requirements waived with provision of copies of official training records. Temporary members from other Delaware Fire / EMS departments who provide compliant training records from their previous organizations, will be required to complete 48 hours of DSFS or Lewes Fire Department, Inc. training courses approved by the fire chief during their temporary membership period. There are 3 requirement avenues for a new temporary member to have the option of which they would like to complete for a regular membership. All 3 avenues and the Auxiliary Bylaws require the temporary member to meet the yearly Attendance Requirement of the Lewes Fire Department, Inc. Bylaws. The avenues are listed below:

Fire

1. DSFS Basic Firefighting Skills training (36 Hour Course)
2. DSFS Structural Firefighting Skills training (24 Hour Course)
3. DSFS Hazardous Materials Response Skills training (24 Hour Course)
4. DSFS EMS First Responder training (40 Hour Course)
5. DSFS Emergency Vehicle Operator training (6 Hour Course)
6. Lewes Fire Department, Inc. HIPAA training (1 Hour Course)
7. Successful favorable completion of a Firefighter / Rescuer physical through the Lewes Fire Department's Occupational Health Program

EMS

1. NREMT-B Certification or a State of Delaware recognized equivalent or higher certification
2. DSFS Introduction to the Emergency Services (12 Hour Course)
3. DSFS Emergency Vehicle Operator training (6 Hour Course)
4. Lewes Fire Department, Inc. HIPAA training (1 Hour Course)
5. Successful favorable completion of a Firefighter / Rescuer physical through the Lewes Fire Department's Occupational Health Program

Administrative / Driver Operator / Fire Police

1. DSFS Introduction to the Emergency Services (12 Hour Course)
2. DSFS Emergency Vehicle Operator training (6 Hour Course)
3. Lewes Fire Department, Inc. HIPAA training (1 Hour Course)
4. DSFS EMS First Responder Course (40 Hour Course)
5. Not less than 60 hours of additional training DSFS or Lewes Fire Department, Inc., as approved by the Fire Chief
6. Successful favorable completion of a Firefighter / Rescuer physical through the Lewes Fire Department's Occupational Health Program

Auxiliary (Listed in Auxiliary Bylaws)

1. DSFS Introduction to the Emergency Services (12 Hour Course)
2. DSFS Emergency Vehicle Operator training (6 Hour Course)
3. Lewes Fire Department, Inc. HIPAA training (1 Hour Course)
4. American Heart Association CPR/AED First Aid Course

Junior

Junior members are required to meet the requirements of the **Fire** avenue for membership when they are old enough to attend the said training. Any junior member who has served for a minimum of 1 year prior to the regular business meeting following their 18th. birthday may be eligible for regular membership if the requirements above are met. Any junior member that has not met the requirements for regular membership prior to their 18th. birthday, must apply for temporary membership until the requirements are met.

Lewes Fire Department, Inc.

Station 82

Lewes, Delaware

APPLICATION FOR MEMBERSHIP

Membership Desired (Check one) Regular __ Auxiliary __ Junior __

Name _____ Date _____

Social Security Number (Or Identification Number) _____

Date of Birth _____ Age _____

Address _____

State _____ Zip _____

Have you ever been a member (any type) of the Lewes Fire Department, Inc. Before? (Yes or No and dates and type of membership if yes)

Sex (Male or Female) _____ Married (Yes or No) _____

Cell Phone # _____ Other # _____

Primary Employer _____

Primary Employer Address _____

State _____ Zip _____

Primary Employer Supervisor Name _____

Primary Employer Supervisor Contact # _____

Lewes Fire Department, Inc.

Membership Application Continued

Military Service (Yes / No, Please Explain If Yes)

Education

High School or GED Yes ___ No ___

College (Highest Level) _____

Trade School _____

Other _____

Driver Information

Drivers License Yes ___ No ___

License Number _____ State _____ Type _____

Endorsements _____

Points/Violations _____

Criminal History (Please list any and all arrests and convictions and explain in detail.) _____

Fire Service Background (Please list any and all fire service memberships or employment. Please list any documented training and offices held.)

Fire Service Interests (Please list all interests or reasons for applying to the Lewes Fire Department. Examples: Firefighting, EMS, Fire Police, etc.)

General Background (Please list all hobbies, interests, special abilities, skills, or any other significant personal information.)

References (Please list 3 non-family member references)

Name _____ **Relationship** _____
Contact # _____ **Employer** _____

Name _____ **Relationship** _____
Contact # _____ **Employer** _____

Name _____ **Relationship** _____
Contact # _____ **Employer** _____

I hereby verify the information in this packet is true and accurate to the best of my knowledge, and I understand the Lewes Fire Department, Inc. Investigating Committee will complete a fair and thorough investigation of my background and personal history.

Signed _____ **Date** _____

Sponsoring Regular Member _____

Date Signed _____

LEWES FIRE DEPARTMENT, INC.

Criminal History and Driving Record Instruction Form

NEW APPLICANTS ARE REQUIRED TO SUPPLY A CRIMINAL HISTORY REPORT AND DRIVER'S LICENSE RECORD.

ALL FEES ASSOCIATED WITH THE APPLICATION PROCESS ARE NON-REFUNDABLE.

PROCEDURE TO OBTAIN CRIMINAL HISTORY REPORT

1. Call the **Delaware State Police**, in Dover, at (302) 739-2528. They will schedule an appointment to meet you at **Delaware State Police Troop 2** for fingerprinting.
2. Applicants for Junior Membership must be accompanied by a parent or legal guardian for this appointment.
3. There is no fee for this procedure with a signed **Delaware Volunteer Firefighter Background Check Application**.
4. Please instruct the State Police to mail the completed report to:

Fire Chief / Investigating Committee
Lewes Fire Department, Inc.
P. O. Box 225
Lewes, DE 19958

5. Upon receipt of the Criminal History Report, prospective members will be notified of eligibility for membership.

PROCEDURE TO OBTAIN DRIVER'S LICENSE RECORD

1. Driver's License records may be obtained at any Division of Motor Vehicles office.
2. There is a non-refundable fee for this report, payable to the State of Delaware. Personal checks are accepted.
3. Return the Driver's License record to the Fire Chief mailbox at Station 1, or forward by mail to:

Fire Chief / Investigating Committee
Lewes Fire Department, Inc.
P. O. Box 225
Lewes, DE 19958

Lewes Fire Department, Inc.
Occupational Health Program Requirements
(This program does not apply to Auxiliary Members)

The Lewes Fire Department, Inc. requires all new members to complete a full firefighter/rescuer physical during their temporary membership period. No temporary or junior member will be elected to regular membership without the completion of this program. The Fire Chief / Investigating Committee will distribute the appropriate lab forms at the interview for membership. Junior members who are approaching their 18th birthday must see the Fire Chief for the occupational health program forms before they can achieve regular membership. The occupational health program is overseen by Access Quality Healthcare at 32026 Long Neck Road, Millsboro, DE. 19966. Call for appointment at (302) 947-4437. The Lewes Fire Department does not keep any medical records of any members on file except a letter from Access Quality Healthcare stating whether or not the member is ok to perform firefighter/rescuer duties or not. Any member who has completed a physical through the Lewes Fire Department, Inc. Occupational Health Program, may review their medical records through Access Quality Healthcare.

The Occupational Health Program will consist of the following items:

| | |
|---|----------------------------------|
| Full Firefighter/Rescuer Physical Date Completed _____ | Signed _____ Fire Chief _____ |
| Drug Screening Date Completed _____ | Signed _____ Fire Chief _____ |
| Chest X-Ray Date Completed _____ | Signed _____ Fire Chief _____ |
| Blood/Lab Work Date Completed _____ | Signed _____ Fire Chief _____ |
| Electrocardiogram Date Completed _____ | Signed _____ Fire Chief _____ |

I hereby understand that the Lewes Fire Department, Inc. may restrict my firefighting and related activities at the advice of Access Quality Healthcare

Signed Member _____ Date _____

All Items Complete Date _____ Fire Chief _____

LEWES FIRE DEPARTMENT, INC.

JUNIOR MEMBERSHIP

PARENTAL CONSENT FORM

(Does Not Apply To Applicants Over 18 Years of Age.)

Name of Candidate

Is a proposed candidate for Junior Membership with the Lewes Fire Department, Inc. This candidate is a minor and therefore the Lewes Fire Department, Inc. is requesting written consent from both parents or legal guardian of concern.

I/We the undersigned, hereby grant permission for the above-mentioned candidate to become a Junior Member with the Lewes Fire Department, Inc.

I/We understand that this permission may be revoked for a specified period of time by contacting the assigned Junior Advisor/ Committee.

I/We understand that my child must submit a criminal history record as evidence that my child has not been convicted or adjudicated delinquent of a felony or misdemeanor A. I further understand that at least one parent must accompany the child to the police station to obtain the criminal history record. I further understand that if my child does not submit a criminal history record as part of the Junior Member application, my child will not be considered for membership.

I/We will allow our minor to respond to alarms after curfew hours as stated in the Junior Bylaws of the Lewes Fire Department, Inc. YES NO

I/We also understand that we still have final say on all activities our minor participates in and have ultimate authority to remove our minor from the Lewes Fire Department, Inc. at any time.

My signature below indicates my understanding and acceptance of these terms.

Parent / Legal Guardian Signature

Date

Parent / Legal Guardian Signature

Date

LEWES FIRE DEPARTMENT, INC.

AUTHORIZATION AND SIGNATURE FORM

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY. PLEASE SIGN BELOW INDICATING YOUR ACCEPTANCE OF THESE CONDITIONS.

I authorize LEWES FIRE DEPARTMENT, INC. to request a transcript or other report of any record pertaining to me from any law enforcement agency.

I authorize LEWES FIRE DEPARTMENT, INC. to request a high school and/or college transcript. This transcript is listed under:

_____, who last attended in _____
Name on school records

I certify that if I am a male, born after 01 January, 1960, I have registered for Selective Service if required to register. I understand that I may be required to document my registration.

I authorize Lewes Fire Department, Inc. to investigate any and all statements in my application and to contact previous employers and references. I understand that false, misleading and/or substantive omission of information may be sufficient cause for termination of consideration or for dismissal if already a member. If accepted as a member of the Lewes Fire Department, Inc., I agree to abide by the existing Lewes Fire Department, Inc. Constitution & By-Laws, Standard Operating Guidelines, rules and regulations and any Constitution & By-Laws, Standard Operating Guidelines, rules and regulations, which may become effective while I am a member of the Department.

I understand that in order to be considered for membership, I must submit the following information at my expense:

- A complete and certified copy of my driving record to be obtained from the Delaware Division of Motor Vehicles and/or the Department of Motor Vehicles in the state of license issuance.
- A complete and certified criminal history report to be obtained from the Delaware State Police

I further understand that my application will not be considered without the above listed information. I agree to submit to admission, incident based and random drug testing at the request of the Lewes Fire Department, Inc. without prior notice. I understand this testing will be performed at a facility chosen by the Department and at the Department expense.

I understand if I am accepted for membership by the Lewes Fire Department, Inc., the Department shall require verification of identity.

Signature: _____ Date: _____

Print Name: _____

DELAWARE STATE FIRE PREVENTION COMMISSION
DELAWARE VOLUNTEER FIREMAN'S CRIMINAL HISTORY
AFFIDAVIT

This affidavit **must** be completed by all applicants for membership in a Delaware volunteer fire department and attached to the application for membership. Applicants must complete one of the two statements below. An application is not considered complete and shall not be processed until the notarized affidavit is attached

THE FOLLOWING STATEMENT IS REQUIRED BY CHAPTER 66, TITLE 16 OF THE DELAWARE CODE:

I have never been convicted of an offence that constitutes any of the crimes set forth in 16 Del. C. §6647 (attached hereto) or any similar offense under any federal, State or local law. I hereby certify that the statements contained in this application are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement in this application, I am subject to penalties prescribed by law, including denial or revocation of membership in the volunteer fire department and a mandatory fine of at least \$1000.00 or a term of imprisonment of up to 2 years, or both.

APPLICANT'S SIGNATURE

DATE

I am unable to submit the above statement. My written explanation as to what is not true with regard to the above statement and why is set forth below: _____

(Attach additional pages if needed along with a certified copy of your criminal history record from the appropriate authorities)

_____(County)

_____(State)

Notary Public Section

Before me personally appeared, _____,

APPLICANT

Applicant, of lawful age, to me known to be the identical person who signed this document of application and having by me first duly sworn, on the oath state that all the foregoing statements are true and correct to the best of _____ knowledge and belief.

Signature of Notary Public

Printed or typed Notary Public's Name

My Commission expires: _____(Seal)

TITLE 16

Health and Safety

Safety

CHAPTER 66. FIRE PREVENTION

Subchapter IV. Volunteer Firefighters [Effective September 15, 2007]

§ 6646. Definitions [Effective September 15, 2007]

“Member” means a volunteer firefighter of a Delaware volunteer fire department, as certified by the Delaware State Fire Prevention Commission.(76 Del. Laws,157, §1.)

§ 6647. Membership requirements for volunteer firefighters [Effective September 15, 2007]

(a) An applicant for membership in a Delaware Volunteer fire department who has been convicted of or, had that applicant been charges as a juvenile, adjudicated delinquent of any of the following crimes is prohibited from serving as a firefighter I this State:

(1) A felony involving sexual misconduct where the victim’s failure to affirmatively consent is an element of the crime, such as forcible rape;

(2) A felony involving the sexual or physical abuse of a child or of an elderly or infirm person, such as sexual misconduct with a child, sexual exploitation of a child, making or distributing child pornography, incest involving a child, or assault on an elderly or infirm person;

(3) A crime in which the victim is an out-of-hospital patient of a patient of resident of a healthcare facility, including abuse, neglect, or theft from or financial exploitation of a person entrusted to the care or protection of the applicant;

(4) Arson in the third, second, or first degree; reckless burning or exploding; cross or religious symbol burning; or any crime in which the applicant intentionally or recklessly started a fire or caused an explosion, or attempted or conspired to do so ;

(5) A law of another state, territory, or jurisdiction which is the same or equivalent to the offenses described in paragraphs (a)(1) through (4) of this section.

(b) Membership in a Delaware volunteer fire department must be denied if the applicant has been convicted or, if that applicant was charged as a juvenile, has been adjudicated delinquent of any of the following crimes, except in extraordinary circumstances:

(1) Any crime for which the applicant is currently incarcerated, on work release, on probation, or on parole;

(2) Any crime in the following categories, unless at least 5 years have passed since the applicant’s conviction or at least 5 years have passed since the applicant was released from the custodial confinement, whichever occurs later;

- a. A serious crime of violence against a person, such as assault with a dangerous weapon, aggravated assault, murder or attempted murder, manslaughter (other than involuntary manslaughter), kidnapping, or robbery of any degree;
- b. A crime involving a controlled substance or designer drug, including unlawful possession or distribution of, or intent to unlawfully possess or distribute, a controlled substance in Schedules I through V of the Uniform Controlled Substances Act of Chapter 47 of this title;
- c. A serious crime involving property, such as burglary, embezzlement, or insurance fraud;
- d. Any crime involving sexual misconduct
- e. A crime of another state, territory, or jurisdiction which is the same or equivalent to the offenses described in paragraphs (b)(2)a. through d. of this section.

(3) In extraordinary circumstances, membership may be granted under subsection (b) of this section only if the applicant establishes by clear and convincing evidence that his or her membership will not jeopardize public health or safety. (c) An applicant for membership in a Delaware volunteer fire department who knowingly provides false, incomplete, or inaccurate criminal history information, or who otherwise knowingly violates a provision of this subchapter, is guilty of a class G felony. In addition to a term of imprisonment of up to 2 years, the court shall impose a fine of no less than \$1000.00, which may not be suspended.

(d) The State Fire Prevention Commission shall adopt regulations to implement the provisions of this subchapter. The regulations must include, as part of the application form for membership in a Delaware volunteer fire department, a dated and signed statement by the applicant swearing to or affirming the following, if the following is true. If it is not true, the applicant must explain in writing what is not true and why it is not true.

“I have never been convicted of an offense that constitutes any of the crimes set forth in 16 Del. C § 6647 or any similar offense under any federal, state or local law. I hereby certify that the statements contained in this application are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement in this application, I am subject to penalties prescribed by law, including revocation of membership in the volunteer fire department and a mandatory fine of at least \$1000.00 or a term of imprisonment of up to 2 years, or both.”

(e) An applicant for membership in a Delaware volunteer fire department who is denied membership or whose membership is revoked because of the requirements of this subchapter may appeal the denial or revocation to the State Fire Prevention Commission within 15 days of written notification of the denial or revocation by the volunteer fire department. An appeal under the subsection must be held in accordance with the appropriate provisions of the Administrative Procedures Act, Chapter 101 of Title 29, and is subject to judicial review under subchapter V of Chapter 101 of Title 29. (76 Del. Laws, c. 157, § 1; 70 Del. Laws, c 186, § 1.)

LEWES FIRE DEPARTMENT, INC.

MEMBERSHIP RECORD

APPLICATION Received

BACKGROUND COMPLETED

AFFIDAVIT SIGNED

PHYSICAL COMPLETED

INTERVIEW COMPLETED

RECOMMENDATION BY INVESTIGATING COMMITTEE FAVORABLE NOT FAVORABLE

JUNIOR MEMBERSHIP APPLICATION PRESENTED TO JUNIOR COMMITTEE

APPLICATION AS JUNIOR MEMBER ACCEPTED REJECTED BY COMMITTEE

JUNIOR COMMITTEE CHAIRMAN _____ DATE _____

FIRE CHIEF'S SIGNATURE _____ DATE _____

APPLICATION PRESENTED TO DEPARTMENT DATE _____

APPLICATION ACCEPTED REJECTED DATE _____

PRESIDENTS SIGNATURE _____ DATE _____

FIRE CHIEF'S SIGNATURE _____ DATE _____

COMPLETED TRAINING REQUIREMENTS DATE _____

COMPLETED TIME REQUIREMENTS DATE _____

FIRE CHIEF'S SIGNATURE _____

PRESENTED TO DEPARTMENT AS REGULAR MEMBER

APPLICATION ACCEPTED REJECTED DATE _____

PRESIDENTS SIGNATURE _____ DATE _____

FIRE CHIEF'S SIGNATURE _____ DATE _____

Lewes Fire Department, Inc.

HIPAA Compliance Training Form

I _____ hear-by sign that the Lewes Fire Department, Inc. administration has trained me in the privacy regulations of the Health Insurance Portability & Accountability Act (HIPAA) as required by Federal Law effective April 14, 2003. I understand I have a legal responsibility to comply with the privacy regulations and can be found personally liable for gross negligence if I do not comply.

(Trained By)

(Date)

(Member's Signature)

(Date)

(Fire Chief's Signature)

(Date)

STATE OF DELAWARE
STATE BOARD OF PENSION TRUSTEES
AND
OFFICE OF PENSIONS
MCARDLE BUILDING
860 SILVER LAKE BLVD., SUITE 1
DOVER, DE 19904-2402

When Calling Long Distance
Toll Free Number 1-800-722-7300
E-mail: pensionoffice@state.de.us

Telephone (302) 739-4208
FAX # (302) 739-6129
www.delawarepensions.com

DELAWARE VOLUNTEER FIREMEN'S PENSION PLAN
APPLICATION FOR WITHDRAWAL BENEFIT

I, _____, Social Security #: _____ have terminated my membership with _____ effective _____
(Name of Fire Department/Auxiliary)

In accordance with Title 16, Chapter 66A, Section 6660, I hereby request to receive a withdrawal benefit of the accumulated pension contributions, plus interest, standing to my credit in the Volunteer Firemen's Pension Fund. I understand that the withdrawal of these contributions terminates my membership in the Volunteer Firemen's Pension Plan.

Please complete the following with regard to service credit:

I understand that I have less than 10 years of service credit and am not eligible to receive a pension nor do I have a vested right to a pension. Therefore, my accumulated contributions, with interest, shall be paid to the Fire Dept/Auxiliary for final settlement.

I have at least 10 years of service credit; however, I wish to waive my right to receive any pension benefits from the Volunteer Firemen's Pension Plan. My accumulated contributions, with interest, should be paid directly to me at the following address:

*A COPY OF YOUR VALID DRIVER'S LICENSE OR PICTURE ID IS **REQUIRED** WITH THIS APPLICATION.

Signature _____ Date _____ Phone # _____

If name has been changed, enter former name here and provide documentation: _____

THE FOLLOWING TO BE COMPLETED BY FIRE DEPT / AUXILIARY

I hereby certify that the above applicant has terminated with the Volunteer Firemen's Pension Plan effective _____.

Authorized Signature Title Date

Fire Dept/Auxiliary Name: _____ Dept ID: _____