



ODESSA FIRE CO. , Box 81, Odessa, Del. 19730

## **MEMBERSHIP APPLICATION**

Please make sure to answer all the questions. If any question does not apply, simply use "N/A" for your response.

All applicants must understand that if you are accepted into the Odessa Fire Company you will be required to serve a Probationary period for 1 year (12 Months). During the Probationary period you will be required to demonstrate your fitness for membership, as outlined in the company's bylaws. Some Firefighting & EMS courses are college level materials and must have a passing grade.

For applicants under the age of 18, you must consult a parent or guardian for permission to apply prior to completing this application. At the time of your interview, a parent will be required to accompany you and will be required to provide written permission before your membership will be voted on.

Please note that if you are accepted into the company, you will be required to provide further information for your personal record.

## **PERSONAL INFORMATION**

|          |         |       |
|----------|---------|-------|
| Name:    |         |       |
| DOB:     | Gender: |       |
| Address: |         |       |
| Home:    | Cell:   | Work: |
| Email:   |         |       |

## EMERGENCY CONTACT INFORMATION

|                           |       |       |
|---------------------------|-------|-------|
| Emergency Contact's Name: |       |       |
| Relationship:             |       |       |
| Address:                  |       |       |
| Home:                     | Cell: | Work: |

## MOTOR VEHICLE INFORMATION

|   |            |           |
|---|------------|-----------|
| Do you currently have a valid Driver's license?               | <b>Yes</b> | <b>No</b> |
| Driver's License #:   | State:     |           |
| Class:  | Expires:   |           |
| Do you currently have any points on your Driver's license?    | <b>Yes</b> | <b>No</b> |
| If you answered "Yes", please select from one of the options. |            |           |

## EDUCATION INFORMATION

|  |
|--|
| What is the highest grade or level of school you have completed or the highest degree you have received?                                       |
| If applicable, please list achieved degrees or certifications in your field of study. If not applicable, please enter "N/A" for your response: |

## FIRE COMPANY INFORMATION

|   |
|---|
| What type of membership are you applying for?   |
| Have you ever been a member of any Fire/EMS department or company, either volunteer or career? <b>Yes</b> <b>No</b>   |
| If you answered "Yes" to the question above, please list the name(s) of the department or company you were a member.<br><br><br><br>  |
| Please list the name of the President, Chief for the company or the department and provide their contact information.<br><small>(Note: Per our bylaws, a letter of recommendation from the Fire Chief or President must be given to the Odessa Fire Company prior to your membership being voted on.)</small> |
| President or Chief Name:  |
| Contact Information:  |

|  |          |
|--|----------|
| If you have your NREMT and/or CPR/AED certification, please indicate below.  |          |
| NREMT #:   | Expires: |
| CPR/AED:      Yes      No  | Expires: |
| Please list any applicable Fire/EMS training or certifications you may have.<br><small>(Note: Copies of all training records/certifications held will be required at the time of your interview. Enter "N/A" if you do not have any related training or certifications.)</small><br><br><br><br><br><br><br><br><br><br> |          |

## MEDICAL HISTORY

|  |            |           |
|--|------------|-----------|
| Do you have any medical conditions that would prevent you from performing as firefighter and/or EMT? | <b>Yes</b> | <b>No</b> |
| If "Yes" to the above, please explain:   |            |           |
|  |            |           |
| Do you have any fear of heights?   | <b>Yes</b> | <b>No</b> |
| Do you suffer from claustrophobia?   | <b>Yes</b> | <b>No</b> |
| What is your Blood Type?   |            |           |
|  |            |           |
| Are you an Organ Donor?  | <b>Yes</b> | <b>No</b> |

I, \_\_\_\_\_, CERTIFY that all statements and information furnished in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that statements or information provided on this form are subject to verification by the Odessa Fire Company. I agree to provide supporting documents or information when so requested and/or names, addresses and phone numbers (if known) of officials or other individuals who can substantiate the information described above. I also understand that intentional misstatements or falsification on this application, will be basis for discipline or termination from the Odessa Fire Company.

|                            |       |
|----------------------------|-------|
| Applicant's Signature:     | Date: |
|                            |       |
| Parent/Guardian Signature: | Date: |
|                            |       |

(Signature Required by Parent/Guardian if Applicant is under 18 years of age. Paperwork stating Guardianship must be provided)

|  |
|--|
| <b>Fire Company use only:</b>                            |
| Date Contacted:  |
| Date Interviewed:  |
| Date Voted on:   |
| 6 <sup>th</sup> month review:                            |
| 1 year review:   |
| Date approved from Probationary/Junior to Active Member: |

## Membership Application Instructions

Thank you for your interest in the Odessa Fire Company. The following information will need to be submitted to the fire company before we can set up an interview for membership.

1. Copy of driver's license or state of Delaware Identification card
2. Copy of driving record. This can be obtained at any Delaware Motor Vehicle location.
3. A Certified Criminal background history. This can be obtained through the Delaware State Bureau of Identification
4. Training records, if applicable
5. Letter from family doctor advising that the prospective applicant is fit to engage in firefighting and ambulance activity.
6. Letter of positive recommendation from the Fire Chief and/or President, of the company that member is transferring from, if applicable.
7. Written parental permission if under 18 years of age.
8. Application filled out properly, fully, and honestly.

The application will not be reviewed or processed until all of the applicable requirements are submitted as listed above.

Please mail or drop off the information in a sealed envelope.

If mailed:                   Odessa Fire Company  
                                  Attn: Membership Committee  
                                  PO Box 81  
                                  Odessa, DE 19730

If dropping off:       Attn: Membership Committee