

# ROXANA VOL. FIRE CO. MEMBERSHIP APPLICATION

Type of Membership Applied for: \_\_\_\_\_ Active \_\_\_\_\_ Associate \_\_\_\_\_ Junior \_\_\_\_\_ Honorary

Date of Application \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Work Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Pager Number \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouses Name \_\_\_\_\_ Blood Type \_\_\_\_\_ Donate Y or N

In case of emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact telephone number \_\_\_\_\_ Alternate # \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Ever Revoked or Suspended Y or N

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

Days & hours of work \_\_\_\_\_

Any previous fire department experience Y or N If yes, give full details \_\_\_\_\_

When did you become a resident of the Roxana Fire district? \_\_\_\_\_

Are you a citizen of the United States? Y or N General Health Condition: **Excellent**    **Good**    **Fair**    **Poor**

List any disabilities in: Hearing \_\_\_\_\_ Speech \_\_\_\_\_ Vision \_\_\_\_\_

Physical \_\_\_\_\_ Other \_\_\_\_\_

Have you ever been convicted of a crime? Y or N If yes, give full details \_\_\_\_\_

Personal references: List 3 references **not related to you** whom you have known at least 1 year....

Name	Address	Phone #	Yrs. Known
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, \_\_\_\_\_, hereby make application for membership pledging myself to the Performance of my required duties, and to the command of my superior officer and current by laws, rules and regulations, and S.O.P.'s of the Roxana Volunteer Fire Company. I also authorize investigation of all information contained in this application. I understand that misrepresentation of information or any felony criminal convictions is cause for this application to be rejected by the Roxana Volunteer Fire Company. In addition, I agree to provide the Roxana Volunteer Fire Company, a criminal background report, a copy of my driving record, and a general health statement from my physician. I am aware that the Delaware State Police will forward the background criminal information directly to the Roxana Volunteer Fire Company, and that I will be contacted concerning an interview once you have received the above required items.

_____ Signature of Applicant	_____ Date
_____ Signature of Member	_____ Date
_____ Signature of Member	_____ Date

You can obtain a copy of your driving record from the Division of Motor Vehicles in Georgetown.

Your criminal background report can be obtained from the following:

Delaware State Police Headquarters State Bureau of Investigation 655 South Bay Road Dover, DE 19901 Mondays: 8:30 a.m. – 6:30 p.m. Tuesdays – Friday: 8:30 a.m. - 3:30 p.m.	Delaware State Police, Troop 4 Shortly Road and Rt. 113 Georgetown, Delaware 19947 Every other Wednesday: Noon – 6:30 p.m., by appt. only
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You will need to provide a picture identification and a cashier's check or money order in the amount of \$69 made payable to Delaware State Police.

You have 30 days after submitting your application to the Roxana Vol. Fire Co. to provide a copy of your receipt showing that you have contacted the Delaware State Police for the background report.

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Application reviewed by _____	Date _____
_____	Date _____
_____	Date _____

Board of Directors and Review Committee

Notes: \_\_\_\_\_  
\_\_\_\_\_

If rejected, reason \_\_\_\_\_  
\_\_\_\_\_

Date application received at station \_\_\_\_\_

1<sup>st</sup> reading \_\_\_\_\_ 2<sup>nd</sup> reading \_\_\_\_\_

Met with board of directors on: \_\_\_\_\_

Recommendation: \_\_\_\_\_ Favorable \_\_\_\_\_ Unfavorable

Voted on membership on \_\_\_\_\_

Vote Tally: \_\_\_\_\_ Yes \_\_\_\_\_ No

as probationary member on \_\_\_\_\_

Or Application declined on \_\_\_\_\_