

**FELTON COMMUNITY FIRE COMPANY, INC.
ASSOCIATE MEMBERSHIP APPLICATION INSTRUCTIONS
READ THE FOLLOWING INSTRUCTIONS CAREFULLY**

REQUIREMENTS FOR MEMBERSHIP:

1. ATTENDANCE OF 2 MONTHLY MEETINGS PER YEAR.
2. COMPLETION OF 30 HOURS PER YEAR OF FIRE COMPANY ACTIVITIES, SUCH AS:
 - A. FIRE ALARMS
 - B. AMBULANCE ALARMS
 - C. SUPPERS
 - D. TRAINING SESSIONS/DRILLS
 - E. WORK SESSIONS (AUTHORIZED BY AN OFFICER)
3. COPY OF APPLICANT'S DELAWARE DRIVING RECORD (COST \$15.00; CAN BE OBTAINED FROM THE MOTOR VEHICLE DEPT. IN DOVER). THIS RECORD MUST BE LESS THAN 2 MONTHS OLD, AND MUST ACCOMPANY APPLICATION. **COST OF RECORD TO BE REIMBURSED AT THE MEETING OF ACCEPTANCE OR REJECTION.**
4. COPY OF FEDERAL CRIMINAL RECORD (COST OF APPROXIMATELY \$50.00, CAN BE OBTAINED AT DSP HEADQUARTERS IN DOVER). THIS RECORD MUST BE LESS THAN 2 MONTHS OLD, AND MUST ACCOMPANY APPLICATION. **COST OF RECORD TO BE REIMBURSED AT THE MEETING OF ACCEPTANCE OR REJECTION.**
5. AN APPLICATION FEE OF \$10.00 MUST ACCOMPANY APPLICATION; \$5.00 OF THIS PAYS FOR YOUR FIRST YEARS DUES.
6. COMPLETE DELAWARE VOLUNTEER FIREMEN'S CRIMINAL HISTORY AFFIDAVIT

YOU WILL BE CONTACTED BY A MEMBER OF THE INTERVIEW COMMITTEE WHEN TO REPORT FOR AN INTERVIEW.

QUALIFIED APPLICANTS ARE CONSIDERED FOR MEMBERSHIP WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, MARITAL OR VETERAN STATUS, OR AGE, UNLESS AGE IS A BONAFIDE OCCUPATIONAL QUALIFICATION.

APPLICATION FORM

LAST NAME FIRST MIDDLE SUFFIX

DOB ____/____/____ SOCIAL SECURITY # ____ - ____ - ____
MONTH DATE YEAR

HOME ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE # (____) ____ - ____

PRESENT EMPLOYER _____

EMPLOYERS PHONE # (____) ____ - ____

HAVE YOU EVER BEEN A MEMBER OF A FIRE COMPANY BEFORE?

YES () NO ()

IF YES, NAME OF FIRE COMPANY _____

NUMBER OF YEARS _____

LIST ANY FIRE, RESCUE, OR EMERGENCY MEDICAL TRAINING COURSES YOU
HAVE TAKEN AND WHERE _____

DO YOU UNDERSTAND THAT IF ELECTED TO MEMBERSHIP YOU WILL BE
SERVING A PROBATIONARY PERIOD OF 2 YEARS? YES () NO ()

DO YOU SUFFER FROM ANY PHYSICAL DEFECTS (HEART TROUBLE, ETC.)
THAT THE FIRE COMPANY SHOULD BE AWARE OF? YES () NO ()

IF YES, EXPLAIN _____

DO YOU SUFFER FROM ANY PHOBIAS THAT THE FIRE COMPANY SHOULD BE
AWARE OF WHICH MIGHT EFFECT TRAINING OR FIREFIGHTING ACTIVITIES?

YES () NO () IF YES, EXPLAIN _____

BRIEFLY EXPLAIN WHY YOU WOULD LIKE TO BECOME A MEMBER OF OUR FIRE
DEPARTMENT _____

RECOMMENDED BY (MEMBERS NAME) _____

COMPLETE BELOW ONLY IF APPLICANT IS LESS THEN 18 YEARS OLD

SCHOOL NAME _____

PRESENT GRADE _____

GRADE AVERAGE _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ THE UNDERSIGNED HEREBY AUTHORIZE THE FELTON COMMUNITY FIRE COMPANY TO THOROUGHLY INVESTIGATE MY PERSONAL AND PUBLIC BACKGROUND WHICH INCLUDES, BUT IS NOT LIMITED TO SCHOOLS, PLACES OF EMPLOYMENT, POLICE RECORDS FOR PURPOSES RELATING TO MY APPLICATION FOR MEMBERSHIP. I AUTHORIZE RELEASE OF ANY PRIVATE OR PUBLIC RECORDS NEEDED TO DETERMINE THE EXTENT OF MY QUALIFICATIONS FOR MEMBERSHIP. I UNDERSTAND THAT ANY INFORMATION OBTAINED BY THE INVESTIGATIVE COMMITTEE OF THE FIRE COMPANY WILL BE KEPT IN CONFIDENCE AND WILL BE USED ONLY FOR THE PURPOSE OF DETERMINING ACCEPTANCE FOR MEMBERSHIP. ANY APPLICANT UNDER THE AGE OF EIGHTEEN (18) MUST ALSO HAVE THE SIGNATURE OF A PARENT OR GUARDIAN.

APPLICANT SIGNATURE

DATE

PARENT OR GUARDIAN SIGNATURE

DATE

FIRE COMPANY USE ONLY

JOB INFORMATION

EXCELLENT___ GOOD___ FAIR___ POOR

NAME OF OFFICIAL
CONTACTED _____

SCHOOL INFORMATION

GRADES: EXCELLENT___ GOOD___ FAIR___ POOR

ATTENDANCE: EXCELLENT___ GOOD___ FAIR___ POOR

COOPERATION: EXCELLENT___ GOOD___ FAIR___ POOR

RESULT OF INTERVIEW

EXCELLENT___ GOOD___ FAIR___ POOR

INVESTIGATING COMMITTEE

1. _____

2. _____

3. _____

4. _____

DATE INTERVIEW CONDUCTED _____

DATE ACCEPTED/REJECTED _____

DATE FULL MEMBERSHIP _____