



**Employment Information**

Employer- \_\_\_\_\_

Employer Address- \_\_\_\_\_

Employers Phone- (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_ Ext. - \_\_\_\_\_

Immediate Supervisor- \_\_\_\_\_ Position- \_\_\_\_\_

Years Employed at Above- \_\_\_\_\_ May we contact your Employer- YES NO

**Previous Experience**

Do you currently or have you ever been a member of a Fire-Rescue or EMS Department - YES NO

**If Yes:**

Name of Department- \_\_\_\_\_

Address of Department- \_\_\_\_\_

Chief's Name- \_\_\_\_\_ Departments Phone- (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Are you an Active member in Good Standing- YES NO

Have you ever been on Disciplinary Review/Suspension- YES NO

(If YES please explain below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all Training, Fire School & Courses you have taken and Completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If No:**

Why are you interested in joining The Dagsboro Volunteer Fire Company?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# **Applicant's Agreement & Certification for the position of Firefighter (Active or Junior Membership)**

Before signing, read & understand the following requirements carefully;

I understand, if I am accepted, that I will be on a **Probationary Membership Status** for six (6) months or until I have satisfactorily completed Basic Fire Fighting Skills, met the required points and have been satisfactorily reviewed by the membership committee. At that time I am eligible for active membership. I also understand that I will be required to complete the following Delaware State Fire School Courses in the time frame stated below:

- ★ Complete and maintain a certification in C.P.R. & A.E.D. within one (1) year of my appointment to a Probationary Membership Status and maintain certification thereafter.
- ★ Structural Fire Fighting Skills & Basic First Aid within two (2) yrs. of my appointment to Probationary Membership Status.
- ★ Hazardous Materials Response Skills, Basic Vehicle Rescue, and obtain an Emergency Vehicle Operators License within three (3) years of my appointment to a Probationary Member Status.

These courses are to be taken and completed at an In-service Training Session or at the Delaware State Fire School within three (3) yrs. of my appointment to a Probationary Membership Status or I subject myself to Article X, Section III of the Dagsboro Volunteer Fire Company.

I also certify by signing this form I live in the District served by the Dagsboro Volunteer Fire Company according to Article III, Section 3-B, Sub-Section 7 in the Dagsboro Volunteer Fire Company By-Laws. By signing this form I also understand that I will attend the First (1<sup>st</sup>) Company meeting, after I have been elected to Probationary Membership according to Article IV, Section I-E, of the by-laws of the Dagsboro Volunteer Fire Company. I also understand that within ninety (90) days of my Appointment to Probationary Membership Status, I will be required to undergo a drug test & pass with a Drug Free Status. If at the end of the ninetieth (90<sup>th</sup>) day I have failed to be tested or fail the drug test I subject myself to automatic expulsion from the Dagsboro Volunteer Fire Company.

I also authorize by signing this form the investigation of all matters and the release of all records related in this application including Medical, Personal, and Criminal records.

I hereby certify that the answers given by me to the questions contained in this application for membership and all statements made by me are full and true to the best of my knowledge. I understand that any false information, omissions, or misrepresentations of facts in this application may be cause for rejection of my application for membership or discharge at anytime from the Dagsboro Volunteer Fire Company.

Attached is a Certificate of Good Health From a licensed Physician and my Driving Record from DMV for the past two (2) years, as applicable to Jr. Co. Applicant.

Signature of Applicant- \_\_\_\_\_ Date- \_\_\_\_\_

Signature of Parent/Legal Guardian- \_\_\_\_\_ Date- \_\_\_\_\_

(If under 18 yrs. of age)

## **Applicant's Agreement & Certification for the position of NREMT-B (Active Emergency Medical Membership)**

Before signing, read & understand the following requirements carefully;

I understand, if I am accepted, that I will be on a **Probationary Membership Status** for six (6) months. If at the end of my twelfth (12) month – one (1) year anniversary of my Membership Appointment and satisfactory completion of all State & Company required courses to maintain the status of National Registry Emergency Medical Technician-Basic & being satisfactorily reviewed by the Membership Committee, I may be eligible to a full Active Emergency Medical Member Status.

I also understand that I will be required to complete the following Delaware State Fire School Courses or courses as available through other sources in the time frame stated below:

- ★ Complete and maintain the certification needed for the position of National Registry Emergency Medical Technician–Basic within twenty-four (24) months of my appointment to a Probationary Membership Status.
- ★ Obtain an Emergency Vehicle Operators License within twenty-four (24) months of my appointment to a Probationary Membership Status.

These courses are to be taken and completed at an In-service Training Session or at the Delaware State Fire School within twenty-four (24) months of my appointment to a Probationary Membership Status or I subject myself to automatic expulsion from the Dagsboro Volunteer Fire Company due to lack of compliance of the aforementioned.

I also certify by signing this form I live in the District served by the Dagsboro Volunteer Fire Company, according to Article III, Section 3-B, Sub-Section 7 in the Dagsboro Volunteer Fire Department By-Laws. By signing this form I also understand that within ninety (90) days of my Appointment to Associate Membership Status, I will be required to undergo a drug test & pass with a Drug Free Status. If at the end of the ninetieth (90<sup>th</sup>) day I have failed to be tested or fail the drug test I subject myself to automatic expulsion from the Dagsboro Volunteer Fire Company.

I also authorize by signing this form the investigation of all matters and the release of all records related in this application including Medical, Personal, and Criminal records.

I hereby certify that the answers given by me to the questions contained in this application for membership and all statements made by me are full and true to the best of my knowledge. I understand that any false information, omissions, or misrepresentations of facts in this application may be cause for rejection of my application for membership or discharge at anytime from the Dagsboro Volunteer Fire Company.

Attached is a Certificate of Good Health from a licensed Physician and my Driving Record from DMV for the past Two (2) years.

I understand that if I do not successfully complete the NREMT-B Class I will reimburse the Dagsboro Volunteer Fire Company the full amount of the course.

Signature of Applicant- \_\_\_\_\_ Date- \_\_\_\_\_

## **Applicant's Agreement & Certification for the position of Active Auxiliary (Auxiliary Membership)**

Before signing, read & understand the following requirements carefully;

I understand, if I am accepted, that I will be on a **Probationary Membership Status** for six (6) months until I have satisfactorily met the required points and have been satisfactorily reviewed by the membership committee. At that time I am eligible for active Auxiliary membership.

I also certify by signing this form I live in the District served by the Dagsboro Volunteer Fire Company according to Article III, Section 3-B, Sub-Section 7 in the Dagsboro Volunteer Fire Company By-Laws. By signing this form I also understand that I will attend the First (1<sup>st</sup>) meeting of the Auxiliary, after I have been elected to Probationary Membership according to Article IV, Section I-E, of the by-laws of the Dagsboro Volunteer Fire Company. I also understand that within ninety (90) days of my Appointment to Probationary Membership Status, I will be required to undergo a drug test & pass with a Drug Free Status. If at the end of the ninetieth (90<sup>th</sup>) day I have failed to be tested or fail the drug test I subject myself to automatic expulsion from the Dagsboro Volunteer Fire Company.

I also authorize by signing this form the investigation of all matters and the release of all records related in this application including Medical, Personal, and Criminal records.

I hereby certify that the answers given by me to the questions contained in this application for membership and all statements made by me are full and true to the best of my knowledge. I understand that any false information, omissions, or misrepresentations of facts in this application may be cause for rejection of my application for membership or discharge at anytime from the Dagsboro Volunteer Fire Company.

Attached is a Certificate of Good Health From a licensed Physician and my Driving Record from DMV for the past two (2) years.

Signature of Applicant- \_\_\_\_\_ Date- \_\_\_\_\_

**TO BE COMPLETED AFTER APPOINTMENT TO PROBATIONARY STATUS**

I hereby certify that I have received and understand the By-Laws of the Dagsboro Volunteer Fire Company.

Signature- \_\_\_\_\_ Date- \_\_\_\_\_

I hereby certify that I have received and understand the Standard Operating Guidelines of the Dagsboro Volunteer Fire Company.

Signature- \_\_\_\_\_ Date- \_\_\_\_\_

I hereby certify that I have received a one (1) firehouse key, one (1) fire Company vehicle tag, & one (1) fire pager (the pager is not applicable for Auxiliary Membership) from the Dagsboro Volunteer Fire Company, and understand that I am required to return these items if I should resign or be expelled from the Dagsboro Volunteer Fire Company or reimburse the Dagsboro Volunteer Fire Company the full amount of these items.

Signature- \_\_\_\_\_ Date- \_\_\_\_\_

**Fire Company Use Only**

**Membership Committee**

Committee Chairman- \_\_\_\_\_

Committee Member- \_\_\_\_\_

Committee Member- \_\_\_\_\_

Committee Member- \_\_\_\_\_

Committee Member- \_\_\_\_\_

We the Membership Committee (**DO** / **DO NOT**) recommend that \_\_\_\_\_ be eligible for the position of probationary: Fire Fighter, Emergency Medical, Auxiliary Member in the Dagsboro Volunteer Fire Company by a committee vote of \_\_\_\_ Yes \_\_\_\_ No.

**Membership Vote**

It is the decision of the active membership as a whole by a vote of \_\_\_\_ Yes \_\_\_\_ No, with 2/3 majorities rule that \_\_\_\_\_ be (**Appointed** / **Denied**) the position of Probationary Membership Status on this \_\_\_\_ Day in the Month of \_\_\_\_\_, this Year \_\_\_\_\_.

President of the Department- \_\_\_\_\_

Chief of the Department- \_\_\_\_\_

Member of the Membership Committee- \_\_\_\_\_

# Probationary Report

To be filled out by Chief, Training Officer, Secretary or Membership Committee Member **ONLY**.

Please Initial & place all proof of certification in personnel file after doing any work in this area.

Check off as Satisfactory Completed – **as appropriate to the Membership type** All training is available to any Member.

**(ALL)** Date of first Meeting Attended - \_\_\_\_/\_\_\_\_/\_\_\_\_

**(ALL)** Drug Test – Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_ Passed Failed \_\_\_\_\_

**(FF/EM)** CPR/AED– Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_ Successfully Completed \_\_\_\_\_

**(EM)** NREMT-B – Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_ Successfully Completed \_\_\_\_\_

**(FF)** Basic Firefighting Skills – Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_ Successfully Completed \_\_\_\_\_

**(FF)** Structural Firefighting – Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_ Successfully Completed \_\_\_\_\_

**(FF/EM)** Basic First Aid - Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_ Successfully Completed \_\_\_\_\_

**(FF)** Haz-Mat Response – Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_ Successfully Completed \_\_\_\_\_

**(FF/EM)** Basic Vehicle Rescue – Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_ Successfully Completed \_\_\_\_\_

**(FF/EM)** EVO – Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_ Successfully Completed \_\_\_\_\_

**(ALL)** Received Required Annual Points – Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ has satisfactory completed **all applicable requirements listed above** and is eligible for

Active membership status as (circle one) Firefighter Emergency Medical Auxiliary as appropriate on this

\_\_\_\_ Day, the Month of \_\_\_\_\_, this year \_\_\_\_\_. All minimum training has been completed.

Chief - \_\_\_\_\_ Date- \_\_\_\_/\_\_\_\_/\_\_\_\_

President- \_\_\_\_\_ Date- \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Committee Chairman- \_\_\_\_\_ Date- \_\_\_\_/\_\_\_\_/\_\_\_\_

It is the decision of the active membership as a whole by a vote of \_\_\_\_ YES \_\_\_\_NO, with majority rule that

\_\_\_\_\_ be  Appointed  Denied the position Active Member on this

\_\_\_\_ Day, the Month of \_\_\_\_\_, this year \_\_\_\_\_.