

**CARLISLE FIRE COMPANY, INC
PO BOX 292
MILFORD, DE 19963**

PHONE: 302-422-8001

FAX: 302-422-2146

To prospective Applicant:

Thank you for your interest in becoming a member of the Carlisle Fire Company. Attached you will find several portions of your application.

1. The application – Complete in entirety
2. The physical examination form - You need a physical to be completed, if you have recently had one (within the past six (6) months) have your doctor's office complete the form.

After you have completed this paperwork, you must go to the State Bureau of Investigations (at the Delaware State Police Headquarters in Dover) and have a Criminal Background Check done.

- If applicant has resided in Delaware for the past three (3) years, applicant will request a State Criminal Background Check. Applicant will receive the background check within four (4) weeks. At that time applicant will give the Carlisle Fire Company the Background Check and receipt. The cost of the background check will be reimbursed to the applicant after the completion of (1) year apprenticeship and applicant has been accepted as a Regular member. The receipt must be returned with the application in order to be reimbursed.
- If applicant has not resided in Delaware for the past (3) years, applicant will request a Federal Background Check; applicant will also be finger printed. Applicant will receive the background check within eight (8) to twelve (12) weeks. At that time applicant will give the Carlisle Fire Company the Background Check and the receipt. The cost of the background check will be reimbursed to the applicant after the completion of one (1) year apprenticeship and applicant has been accepted as a Regular member. The receipt must be returned with the application in order to be reimbursed.
- If applicant is applying for Junior Membership, a Background Check is not required. Instead of a Background Check, attach a copy of the most recent School Report Card.

For your protection as well as the protection of the Fire Company, application will not be processed until all these items have been completed and turned into the Membership Committee.

When the Membership Committee has received your completed paperwork, you will be interviewed by the Committee and referred to the Fire Company's General Membership to be voted on.

Again, thank you for your interest in becoming a member of our organization. We look forward to meeting you soon.

CARLISLE FIRE COMPANY, INC.
APPLICATION FOR MEMBERSHIP

It is understood that applicant, by presenting this application for membership, represents that the statements given by the applicant of the information requested in this application are true, correct and complete, and that any false, misleading or incomplete statements of this information requested in this application shall be sufficient grounds for refusing this application.

PLEASE READ CAREFULLY – PRINT CLEARLY – ANSWER ALL QUESTIONS

Date: _____ Membership applying for (check one) Regular _____ Junior _____

Name in full: _____

Date of Birth: _____

Complete Mailing Address _____

Home Phone: _____ Work Phone: _____

How long have you resided in Delaware; _____

PERSONAL INFORMATION

Sex _____

Marital Status (circle one) Single Married Widowed Divorced Separated

Weight: _____ Height: _____ Hair: _____ Eyes: _____

U.S. Citizen: (circle one) Yes No Social Security #: _____ - _____ - _____

Hobbies: _____

Civic Activities: _____

Have you any relatives in this company? Yes ___ No ___ If yes, give name(s) and relationship(s)? _____

Have you ever been convicted or pleaded guilty to a criminal charge? Yes _____ No _____
If yes, give details: _____

REFERENCE (PERSONAL) OTHER THAN RELATIVES

1. Name: _____ Phone: _____

Complete mailing address: _____

2. Name: _____ Phone: _____

Complete mailing address: _____

3. Name: _____ Phone: _____

Complete mailing address: _____

IN CASE OF EMERGENCY NOTIFY

Name: _____ Phone: _____

Work Phone: _____ Cell Phone: _____

Complete mailing address: _____

Recommended or proposed by: ** _____

**** DO NOT WRITE IN THIS AREA – MUST BE A MEMBER IN GOOD STANDING**

EDUCATION

	Years Attended	Name of School	Graduate or Degree
Grade School	_____	_____	_____
High School	_____	_____	_____
College or University	_____	_____	_____
Business or Technical	_____	_____	_____
Other	_____	_____	_____

RECORD OF U.S. MILIATARY AND RESERVE STATUS

Branch	Rate or Rank	Type of Discharge
_____	_____	_____

Service Dates: From _____ To: _____

EMPLOYMENT

Present and Previous Employers: (List below previous employers; present or latest first)

1. Company Name: _____ Phone: _____
Address: _____
Position: _____ To: _____ From: _____
Reason for leaving: _____

2. Company Name: _____ Phone: _____
Address: _____
Position: _____ To: _____ From: _____
Reason for leaving: _____

3. Company Name: _____ Phone: _____
Address: _____
Position: _____ To: _____ From: _____
Reason for leaving: _____

If you are applying as a Junior Member, you must have both your Mother's and Father's signature, or Guardian's signature.

Mother's Name: _____ Signature: _____
(Print)

Father's Name: _____ Signature: _____
(Print)

Guardian's Name: _____ Signature: _____
(Print)

When signing below, you are hereby authorizing this company to investigate your background or whatever else may be necessary to process this application. All information will be kept confidential and only the investigating committee's recommendation will govern the acceptance of this application to its members of The Carlisle Fire Company, Inc.

Signature of Applicant: _____ Date: _____

MEDICAL HISTORY

1. When did you last consult a physician? _____
For what? _____

2. Do you have any disabilities? No _____ Yes _____, please list

3. Have you ever been in a hospital or sanitarium? _____
For what? _____

4. Have you ever had any of the following? (please circle)

Heart trouble	Brain concussion	Nervous breakdown
Lung trouble	Rheumatic fever	Ulcers
Tuberculosis	Skull fracture	Hay fever
Kidney disease	High Blood pressure	Any operations

5. Have you had dizziness or fainting spells? Yes _____ No _____

6. Do you have epilepsy? Yes _____ No _____

7. How often do you have headaches? _____

8. Do you have a weak back? Yes _____ No _____

9. How often do you have backaches? _____

10. How much time have you lost from work or school due to illness or injury during the past year? _____

11. Have you any hernia, other physical defect, disease or disability whatsoever which has not been listed above? No _____ Yes _____ (give details): _____

- Do you have any known allergy? No ____ Yes ____ If yes, list what your are allergic to: _____
- Describe any injury received during any previous employment or physical defect or time lost as a result thereof: _____

Other remarks: _____

Applicant Printed Name: _____ Date: _____

Applicant Signature: _____

**CARLISLE FIRE COMPANY
PHYSICAL EXAMINATION REPORT**

Date of Physical: _____ Doctors Name Signature: _____

Name: _____ Age: _____ Sex: _____

Wgt: _____ Eyes: _____ Occupation: _____

	Distant	Near		Distant	Near	
Eyes	R.20/ L.20/	J- J-	With Glasses	R.20/ L.20/	J- J-	Color Vision:

Ears R. _____ L. _____ Nose, Mouth, Throat: _____

Pyorrhea: _____ Teeth: Upper _____ Lower _____

Thyroid: _____ Glands: _____

Heart: _____

Pulse: _____ B.P. ____/____ If abnormal – Comment: _____

Lungs: _____

Abdomen: _____

Upper Ext: _____ Back: _____

Lower Ext: _____ Feet: _____

Nervous System: _____ Skin: _____

Any History Typhoid Fever or Exposure: _____

Any Previous injuries: _____ Date: _____ Injury: _____

Date: _____ Injury: _____

Date: _____ Injury: _____

Remarks and Recommendations and/or limitations:

Signature of Examiner: _____

Signature of Applicant: _____

** Rated For Membership: _____

**** Fire Company use only**

**** FIRE COMPANY MEMBERSHIP COMMITTEE USE ONLY****

Date of Interview : ____/____/____ Interviewed By: _____

Name: _____ DOB _____

Address: _____

Recommended By Committee: Yes _____ No _____ if no reason: _____

Membership Committee Member 1. _____

Membership Committee Member 2. _____

Membership Committee Member 3. _____

Accepted for Membership: Yes _____ No _____

Date: ____/____/____

Signature of Membership Chairman: _____

DELAWARE STATE FIRE PREVENTION COMMISSION
DELAWARE VOLUNTEER FIREMEN'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.

AFFIDAVIT

I have never been convicted of an offense 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 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]

_____ Applicant's Signature Date

_____ (County)
_____ (State)

Before me personally appeared, _____, Applicant, of lawful age, to me known to be the identical person who signed this document of application and being by me first duly sworn, on 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 Sept. 15, 2007]

§ 6646. Definitions [Effective Sept. 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, c. 157, § 1.)

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

(a) An applicant for membership in a Delaware volunteer fire department who has been convicted of or, had that applicant been charged as a juvenile, adjudicated delinquent of any of the following crimes is prohibited from serving as a firefighter in 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 or a patient or 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 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 \$1,000 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 denial or revocation of membership in the volunteer fire department and a mandatory fine of at least \$1,000 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 this 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.)