

**Ladies Auxiliary of the
Delaware City Fire Company, No. 1, Inc.
815 5th Street
P.O. Box 251
Delaware City, DE 19706
302-834-9336**

Membership Application Procedure

1. Applicant must be at least 18 years of age for membership or 14-17 for Junior membership.
2. Application must be typed or printed clearly in ink.
3. New applicants are required to obtain an NCI criminal background history to be considered as a permanent Ladies Auxiliary Member. See Information on Page 2.
4. If the prospective member has been affiliated with another Fire Company Ladies Auxiliary, a letter of recommendation on company letterhead must be submitted from the Ladies President indicating time of service and current status.
5. Prospective members will be introduced at the next Ladies Auxiliary Company Meeting and voted on at the same meeting for consideration as a probationary member, as long as ALL paperwork is completed, and the background check has been received.
6. A probationary membership of 12 months will be required to ensure the prospective member is a good fit for the organization. The member will then be voted on for permanent membership at the completion of the 12 months probationary period.
7. Prospective members applying for Membership must enclose a \$5.00 membership fee
8. The Delaware City Fire Company Ladies Auxiliary reserves the right to reject any application.
9. To obtain an "active" status, members must attend 50% of the meetings and meet the hours requirement of 25 hours for Juniors or 75 hours for members, in accordance with the membership calendar year.
10. The President will appoint a sponsor for each new applicant to provide support during their probationary period.

Procedure for obtaining NCI Criminal History Report

A Criminal History Background Check is obtained through fingerprints and required for DCFCLA Membership and Junior Membership. There will be a \$20.00 fee required at the time of the background check.

Please follow the instructions below:

- Go to uenroll.identogo.com
- Enter service code 27547F
- Enter your personal information, HOWEVER, you MUST enter my email address Shart@dcfc15.com (this is because the background check comes directly to the Fire Company)
- This next part is very important! It will ask you to create a security question. The question you will enter is, **What is Delaware City Station number?** The answer you will enter is **Station 15**. It is VERY important to enter the question and answer EXACTLY as it is written. This is how the completed background check is retrieved and we are only given ONE attempt.
- There is NO authorization code (coupon code)
- Enter your mailing address
- Enter your location of choice to schedule your background check
- You should now be pre-enrolled (scheduled) for your background check

If you have any questions with this process, please contact, Sharon Hart (Membership Chair) at (302)420-5170.

Thank you for your interest in becoming a Delaware City Fire Company Ladies Auxiliary member. We appreciate your patience and understanding for this process. You are now one step closer to becoming a volunteer member to a great organization and "family.:"

Membership Application

Ladies Auxiliary to the
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302-834-9336

Applicants Full Name: _____
Last First Middle

Address: _____
Street Address City State Zip

Social Security Number: _____ Date of Birth: _____
(To be used for tax and pension reporting purposes only)

Cell phone Number: _____ Email Address: _____

Home phone Number: _____ Facebook name: _____
(If applicable)

Best way to contact you: Cell phone _____ Home phone _____ Email _____ Facebook _____
(Please check all that apply)

Applying for: _____ Membership _____ Junior Membership

Please state why you are interested in becoming a member of our organization:

Have you ever been a member of another Volunteer Fire Company Ladies Auxiliary? If yes, please complete the below information:

Fire Company Ladies Auxiliary: _____

Address: _____
Street Address City State Zip

Positions Held: _____

Years of Membership: _____ Reason for leaving: _____

Do you have any specific skills that will benefit our Fire Company Ladies Auxiliary? Please list below:

Do you have any medical problems or special needs that our Fire Company Ladies Auxiliary should be aware of? Please list below:

How much time will you be able to donate to our organization?

Signature of Applicant: _____

Signature of Parent/Guardian: _____
(If under age of 18)

*******FOR OFFICE USE ONLY*******

Application Received on _____ Membership Fee Received on _____

Background check Received on _____

Probationary Vote: Accepted _____ Not Accepted _____ on _____

Probationary Period Begins on _____ Probationary Period Ends on _____

Permanent Member Vote: Accepted _____ Not Accepted _____ on _____

DCFCLA Sponsor: _____

By: _____