



LAUREL FIRE DEPARTMENT INC.

205 West Tenth Street • Laurel, DE 19956

Phone: (302) 875-3081 • (302) 875-5666

Fax: (302) 875-1981

www.LaurelFireDept.com

LAUREL FIRE DEPARTMENT, INC.

205 W. TENTH ST.

LAUREL, DE. 19956

Phone (302) 875-3081 / (302) 875-5666

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www.laurelfiredept.com



MEMBERSHIP

APPLICATION

PACKET

APPLICATION FOR MEMBERSHIP

1. To apply for Candidate, Fire Police, or EMS Associate Membership you must be 18 years of age or older as of the date of application. You must provide a valid Delaware drivers license.
2. To apply for Cadet Membership you must be 15 years of age as of the date of application.
3. All applicants must understand that all appointments to Candidate, Fire Police, or EMS Associate Membership are probationary for a period of 12 months. During these 12 months you must demonstrate your fitness for membership as outlined in the Department By-Laws.
4. You must also understand that your Membership is contingent upon the results of a complete background investigation. The willful withholding of information or making false statements will constitute grounds for your immediate dismissal.
5. All applicants must agree to these terms and certify that all statements are true to the best of their knowledge. Your full signature (First, Middle, and Last Name) on this application indicates such an agreement.
6. Physical examination, a copy of your driving record and criminal background check will be required **PRIOR** to an interview with the Laurel Fire Department, Inc. Membership Committee.
7. The Affidavit must be signed by the applicant and notarized prior to returning the packet for review.
8. **APPLICATIONS SHALL BE MAILED TO OR DELIVERED TO:**

Laurel Fire Department, Inc.
Attn: Membership Committee
205 W 10th Street
Laurel, DE 19956
9. Please read carefully and then type or print your responses on the application.

Please read carefully and answer all the questions.

A PERSONAL HISTORY

FULL NAME: _____

FIRST

MIDDLE

LAST

CURRENT ADDRESS: _____

HOME PHONE #: _____ SSN #: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

EMERGENCY CONTACT: _____

FIRST

MIDDLE

LAST

EMERGENCY CONTACT PHONE #: _____

B EDUCATION

SCHOOL

LOCATION

DATE GRADUATED

HIGH SCHOOL: _____

COLLEGE: _____

SPECIALTY: _____

C EMPLOYMENT

NAME OF CURRENT EMPLOYER: _____

ADDRESS: _____

TELEPHONE #: _____

TYPE OF BUSINESS: _____

SUPERVISOR: _____

POSITION HELD: _____ LENGTH OF EMPLOYMENT: _____

LIST OF PRIOR EMPLOYER (S):

D DRIVING RECORD

ARE YOU A LICENSED DRIVER? **YES OR NO**

STATE: _____ LICENSE CLASS: _____ LICENSE #: _____

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST 3 YEARS?

YES OR NO

IF YES, PLEASE EXPLAIN: _____

E PREVIOUS FIRE / EMS EXPERIENCE

CHECK WHICH TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:

CADET____ FIRE____ FIRE POLICE____ EMS ASSOCIATE____

HAVE YOU EVER BEEN A MEMBER OF A FIRE, EMS, OR OTHER EMERGENCY SERVICE ORGANIZATION? YES OR NO

IF SO, PROVIDE THE ORGANIZATION (S) NAME, ADDRESS, TELEPHONE NUMBER. ALSO PROVIDE DATES OF MEMBERSHIP AND OFFICES HELD (IF APPLICABLE).

PLEASE PROVIDE (AT THE TIME OF YOUR INTERVIEW) A WRITTEN LETTER OF RECOMMENDATION FROM AN OFFICER OR ANY ORGANIZATION NAMED ABOVE.

HAVE YOU EVER BEEN DENIED MEMBERSHIP TO ANY FIRE, RESCUE, OR EMERGENCY ORGANIZATION? YES OR NO

IF YES, NAME OF ORGANIZATION AND REASON.

HAVE YOU EVER HAD FIRE, RESCUE, OR EMS TRAINING? YES OR NO

IF SO, PLEASE PROVIDE DOCUMENTATION.

DO YOU HAVE ANY SPECIAL SKILLS OR ABILITIES FOR MEMBERSHIP THAT YOU FEEL COULD BENEFIT THE LAUREL FIRE DEPARTMENT, INC.?

HAVE YOU EVER BEEN A MEMBER OR APPLIED FOR MEMBERSHIP WITH THE LAUREL FIRE DEPARTMENT, INC.? **YES OR NO**

IF YES, PLEASE EXPLAIN: _____

F REFERENCES

LIST 3 PEOPLE, NOT RELATIVES, WHO ARE FAMILIAR WITH YOU AND HAVE KNOWN YOU FOR AT LEAST 5 YEARS.

NAME: _____

CURRENT ADDRESS: _____

TELEPHONE #: _____

NAME: _____

CURRENT ADDRESS: _____

TELEPHONE #: _____

NAME: _____

CURRENT ADDRESS: _____

TELEPHONE #: _____

LIST ANY MEMBERS OF THE LAUREL FIRE DEPARTMENT THAT YOU KNOW:



LAUREL FIRE DEPARTMENT INC.

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Physical Examination

Patient Name: _____
First Middle Last

Ht: _____ Wt: _____ B/P: _____ Pulse: _____ Resp. Rate: _____

Vision (Uncorrected): _____ Vision (Corrected): _____
Color Vision- Normal _____ Abnormal: _____

Skin- Normal _____ Abnormal: _____
HEENT- Normal _____ Abnormal: _____

Lungs- Normal _____ Abnormal: _____
Describe: _____

Chest- Normal _____ Abnormal: _____
Describe: _____

Heart- Normal _____ Abnormal: _____
Describe: _____

Abdomen- Normal _____ Abnormal: _____
Describe: _____

Ext- Normal _____ Abnormal: _____
Describe: _____

Spirometry- Normal _____ Abnormal: _____
Describe: _____

Chest X-ray- Normal _____ Abnormal: _____

AUTHORIZATION FORM

I, _____, THE UNDERSIGNED, DO HEREBY
(FIRST, MIDDLE, LAST NAME)
AUTHORIZE THE LAUREL FIRE DEPARTMENT, INC. TO CONDUCT A
COMPLETE BACKGROUND INVESTIGATION ON ME AS A CONDITION OF
MY APPLICATION FOR MEMBER SHIP AS A CONDIDATE MEMBER.

I FURTHER AGREE THAT THE DEPARTMENT MAY USE THE
INFORMATION IT OBTAINS CONCERNING ME IN THE CASE OF A
MEDICAL EMERGENCY. I UNDERSTAND, HOWEVER, THAT THE LAUREL
FIRE DEPARTMENT, INC. INTENDS TO PROTECT THE CONFIDENTIALITY
OF PERSONAL INFORMATION IT OBTAINS CONCERNING ME.

APPLICANTS SIGNATURE: _____
FIRST MIDDLE LAST

DATE: _____

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;

(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

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)

Criminal Background Investigations

State Bureau of Identification – Dover, DE

1-302-739-5871

Accept walk-ins Monday – Friday

Delaware State Police Troop 4 – Georgetown, DE

856-5850

Call for appointment

Background Check Information

Cost Approximately: \$69.00

Takes Approximately: One (1) hour

Background check must be sent directly to:

Laurel Fire Department, Inc.

Attn: President

205 West 10th Street

Laurel, De 19956

Background checks must include an entire State Criminal History

Background check must be done by the State Bureau of Identification (302)-739-2528

Once received, background check **Cannot and Will not** be released from the Laurel Fire Department, Inc. to any other party

FOR ADMINISTRATIVE USE ONLY

DATE

APPLICATION SUBMITTED

PHYSICAL EXAMINATION

COPY OF DRIVERS LICENSE

COPY OF DRIVING RECORD

BACKGROUND INVESTIGATION

AFFIDAVIT SIGNED AND RETURNED

INTERVIEW BY MEMBERSHIP COMMITTEE

WE THE MEMBERSHIP COMMITTEE RECOMMENDS THAT THIS APPLICANT
BE APPROVED FOR MEMBERSHIP AS A CANDIDATE:

NAME: _____ DATE: _____

NAME: _____ DATE: _____

NAME: _____ DATE: _____

NAME: _____ DATE: _____

NAME: _____ DATE: _____

DATE

APPROVED FOR PROBATIONARY MEMBERSHIP

APPROVED FOR FULL MEMBERSHIP
