



# MILL CREEK FIRE COMPANY

Station 2  
4021 Skyline Drive  
Pike Creek, DE 19808  
Bus. (302) 992-9671

Station 21  
3900 Kirkwood Highway – P.O. Box 5034  
Marshallton, DE 19808  
Bus. (302) 998-8911 / Fax (302) 998-8342

## Application for Membership

### Information for Applicants to the Mill Creek Fire Company

1. Applicant must be at least 18 years of age.
2. Applicant must be a resident of or own a business in the Mill Creek fire district or bordering company's district for a period of at least thirty (30) days.
3. Applicant is responsible to update any changes of address and/or telephone number after the application is submitted.
4. Applicant is to mail the completed application to the address listed below.

**Mill Creek Fire Company**  
**Attn: Membership Committee Chairman**  
**P.O. Box 5446**  
**Marshallton, DE 19808**

5. The membership committee will contact the applicant for an interview after application is received.
6. After an interview, applicant may be sent for fingerprinting and driver's license check as part of the background phase.
7. All applicants must be recommended by committee and accepted as a probationary member by vote at a regular Company meeting.

### Membership Application

This application must be typed or printed neatly in ink. All questions must be answered. If not applicable, indicate so by writing N/A in the appropriate space. To furnish additional information, please attach a separate sheet of paper the same size as the application. Applicant, if accepted, will become a Probationary Member for a minimum period of twelve (12) months. While a Probationary Member, fitness for membership, as required by the Mill Creek Fire Company's By-Laws and Operating Guidelines must be demonstrated. Additionally, Probationary membership is contingent upon the results of a complete character investigation. Willful withholding of information or making false statements on the application will be the basis for dismissal from membership. The signature of the applicant on this form indicates agreement to these conditions and certifies that all statements are true to the best of the applicant's knowledge.

**NOTE: Please retain this cover page for your records as it explains the application procedure.**

### Personal History

Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

List any maiden names, nicknames, etc.: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

List other addresses you have had in the past five years:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

### Driver's License Information

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

### Criminal History

Have you ever been arrested for any crime?  Yes  No

If yes, provide a detailed explanation and include final disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Authorization

I, \_\_\_\_\_, the undersigned, do hereby authorize the Mill Creek Fire Company, or any of its agents, to conduct an in-depth background investigation of me. I authorize any police agency, school, service, business, physician, individual, or association to release any pertinent information which would assist the Mill Creek Fire Company in its evaluation of my character and qualifications. In signing this authorization, I hereby release any and all of the afore mentioned sources from any responsibility, present or future, in imparting this information.

\_\_\_\_\_  
Signature of Applicant or Legal Guardian (if under 18)

\_\_\_\_\_  
Date

Date application received by MCFC Membership Committee: \_\_\_\_\_.

**Medical History / Emergency Contact Information**

Do you have or have you ever had any of the following: nervous, mental or emotional disorders of any kind, tuberculosis, epilepsy, fainting spells or severe headaches, diabetes, ulcers, rheumatic fever, heart disease or asthma?

Yes

No

Do you have or have you ever had any chronic or serious illness, operation or injury?

Yes

No

If you answered yes to any of these or have/had any disability not covered please explain:

\_\_\_\_\_

\_\_\_\_\_

Emergency contact person, if you are injured:

\_\_\_\_\_

Contact Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Contact Phone Number

**Education**

What was the highest level completed? \_\_\_\_\_

**Employment**

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Contact Number and/or E-mail: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Contact Number and/or E-mail: \_\_\_\_\_

May we contact either of the companies listed above?

Yes

No

### Military Service

Have you ever been a member of any branch in the U.S. Armed Forces?  Yes  No

Are you currently a member of any branch in the U.S. Armed Forces?  Yes  No

If you were a member, was your discharge honorable?  Yes  No

List any decorations or accomplishments you received: \_\_\_\_\_

\_\_\_\_\_

### Fire Service

Are you currently a member of a Fire Company/Department?  Yes  No

If yes, what company? \_\_\_\_\_

Have you ever been a member of another Fire Company/Department?  Yes  No

If yes, what company? \_\_\_\_\_

Are/were you a member in "good standing"?  Yes  No

(A letter of recommendation from your previous Fire Company/Department is required)

Have you ever applied for membership at any volunteer Fire Company?  Yes  No

If yes, what is/was the status of that application?  Accepted  Rejected  Withdrawn

Describe any Fire/EMS training you have completed: \_\_\_\_\_

List any special abilities, interests or skills which you feel would benefit Mill Creek Fire Company:

\_\_\_\_\_

\_\_\_\_\_

### Fire Company References

List any member(s) of Mill Creek Fire Company that you know:

\_\_\_\_\_

\_\_\_\_\_

### References

List two (2) people (not relatives) who are familiar with you, such as a teacher, employer, clergyman, doctor, etc. who have known you for at least three (3) years.

_____	_____
Name and Address	Phone Number
_____	_____
Name and Address	Phone Number

### By-Laws

In accordance with the Constitution and By-Laws of Mill Creek Fire Company, each applicant for membership is to choose a service category\*. Each service category listed below has specific performance objectives outlined. Initial on the line next to your choice to signify that you understand the objectives.

_____	<b>Administration</b>
	a) Attend seven (7) regular company meetings per year
	b) Participate as an active member on a working company committee
_____	<b>Fire Service</b>
	a) Attend fifty (50) alarms per year
	b) Complete the required training courses as deemed by the operating officers
	c) Participate as an active member on a working company committee
_____	<b>EMS Service</b>
	a) Attend fifty (50) alarms per year
	b) Complete the required training courses as deemed by the operating officers
	c) Participate as an active member on a working company committee.

\* Service categories are only intended for use in establishing objectives, not for restricting the activities of probationary members.

### Affirmation

I affirm that I have answered all the questions contained in this application honestly and faithfully, to the best of my knowledge. I understand that my membership will be terminated if it is found that false or misleading answers have been submitted.

_____	_____
Signature of Applicant	Date

### How did you hear about Mill Creek Fire Company?

Brochure    Newspaper    PR Event    Friend    Other: \_\_\_\_\_