

**REHOBOTH BEACH
VOLUNTEER FIRE COMPANY**



**APPLICATION FOR
MEMBERSHIP**

This application must be typed or clearly printed in black ink, all questions must be answered, if the question is not applicable indicate by marking N/A in the appropriate area. To furnish additional information, use blank paper the same size as this application form, and number the answers to correspond with questions.

The application must be submitted within 30 days prior to the next company meeting. This application will be good for 90 days. After 90 days the application will be put in a none progress file.

All applicants are placed on probation for 12 months before becoming a active member. While on probation the member will have to meet the minimum requirements as stated in the by-laws of the Rehoboth Beach Volunteer Fire Company, Inc.

Junior members are on probation until reach the age of 18 , during which they must demonstrate their fitness for membership as required by the by-laws of the Rehoboth Beach Volunteer Fire Company, Inc.

Applicants must understand that any probationary membership is contingent upon the results of a complete background investigation, and they must also be aware that willfully withholding information or making false statements on this application will be the basis for the dismissal from the Rehoboth Beach Volunteer Fire Company, Inc. All applicants must agree to these conditions and certify that all statements are true to the best of their knowledge. The signature of the applicant of the form indicates such agreement.

PERSONAL INFORMATION

Name: _____

(First, middle, Last)

Nickname: _____ Maiden Name: _____

Date of Birth: _____ Present Age: _____

Social Security Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____ How Long at current Residence: _____

Telephone Number: _____ Cell Phone: _____

Email Address: _____

Are you a United States Citizen? Yes _____ No _____

Are you Naturalized? Yes _____ No _____

Naturalized Number: _____

TYPES OF MEMBERSHIP

(Place a "X" next to the type of membership that you are interested in.)

Junior member: _____ Active Fire fighter: _____

Associate Member: _____ Associate Ambulance: _____

Please tell us briefly about why you want to become a member of R.B.F.V.C

FIRE FIGHTING /EMS EXPERIENCE

Have you ever been a member of another volunteer or paid fire department, rescue squad, ambulance organization?

Yes: _____ No: _____ If YES, Please complete the following:

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

How long where you a member: _____

Date you started: _____ Date left: _____

Reason for leaving: _____

Rank or Positions Held: _____

Please list any fire service or emergency medical service training you have completed. Please attach copy(s) of certificates to application.

EDUCATION HISTORY

High School: _____ Year of Graduation: _____

College: _____ Number of years: _____

Degree: _____ Year of Graduation: _____

College: _____ Number of years: _____

Degree: _____ Year of Graduation: _____

Other Schooling not listed above:

MILITARY HISTORY

Have you ever served in the military? Yes _____ No _____

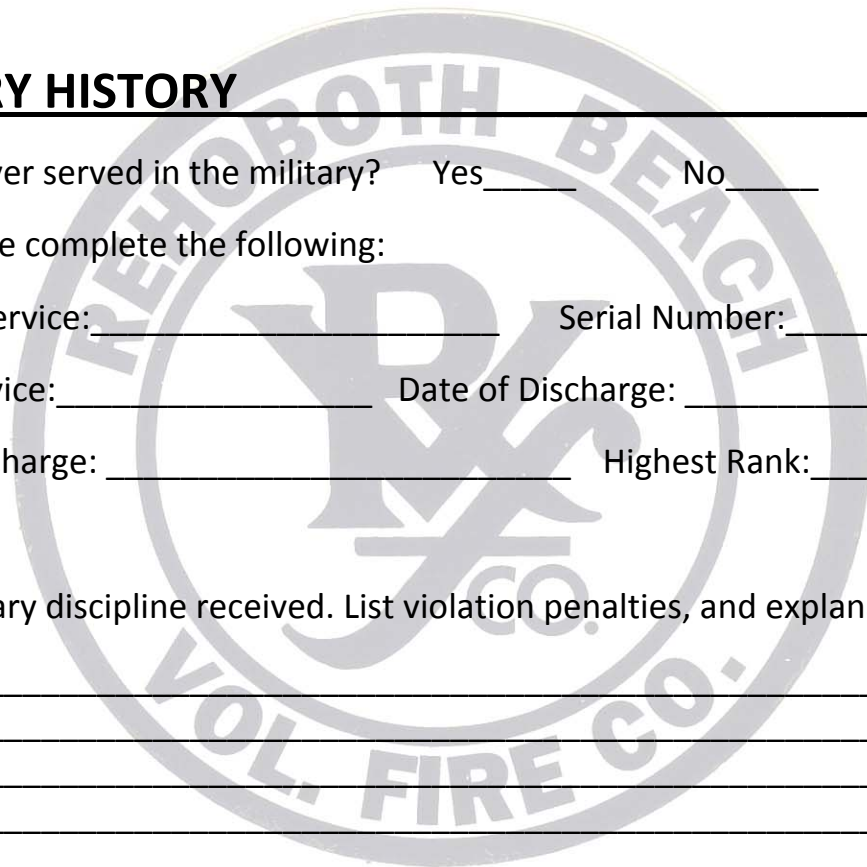
If YES, please complete the following:

Branch of Service: _____ Serial Number: _____

Date of Service: _____ Date of Discharge: _____

Type of Discharge: _____ Highest Rank: _____

List all military discipline received. List violation penalties, and explanation:



CRIMINAL HISTORY

Have you ever been charged with or convicted of a misdemeanor or felony offense?

Yes _____ No _____ If YES, please complete the Following:

Describe the nature of the offense: _____

Date charged _____ Law enforcement agency _____

Final Disposition of case: _____

Have you ever been charged with or convicted of any motor vehicle violations?

Yes _____ No _____ If YES, please complete the following:

Describe the nature of the offense: _____

Date charged: _____ Law enforcement agency: _____

Final Disposition of case: _____

DRIVERS LICENSE INFORMATION

Are you a licensed driver: Yes _____ No _____

State: _____ License Number: _____ Class: _____

EMPLOYMENT HISTORY

List below current and previous employers in the last five years starting with most current: (Use back of paper if necessary)

Current Employer: _____ How long: _____

Address: _____ Occupation: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Supervisor: _____

Employer: _____ How Long: _____

Address: _____ Occupation: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Supervisor: _____

REFERENCES

Please list three character references other than employers or family members.

Name: _____ Occupation: _____

Address: _____ State: _____ Zip code: _____

Phone Number: _____ Work Number: _____

Years Known: _____

Name: _____ Occupation: _____

Address: _____ State: _____ Zip Code: _____

Phone Number: _____ Work Number: _____

Years Known: _____

Name: _____ Occupation: _____

Address: _____ State: _____ Zip Code: _____

Phone Number: _____ Work Number: _____

Years Known: _____

MEDICAL HISTORY

Do you have or had any of the following:

Nervous, mental or emotional disorders of any sort? Yes _____ No _____

If so

Explain: _____

Epilepsy, tuberculosis, fainting spells, or severe headaches: Yes _____ No _____

If so

Explain: _____

Diabetes, ulcers, rheumatic fever, heart disease, or asthma: Yes _____ No _____

If so

Explain: _____

Do you now or have you ever had a chronic or serious illnesses, serious operations, or injuries? Yes _____ No _____

If so

Explain: _____

Describe any past or present physical handicap, birth defects, or disability not previously covered: _____

Name of family physician: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip code: _____

Phone Number: _____ Cell Phone: _____

Work Number: _____

EMERGENCY INFORMATION

THIS INFORMATION PROVIDED WILL BE CONFIDENTIAL.

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Name of next of Kin _____

Phone Number: _____ Cell Phone: _____

Health Insurance provider: _____

Policy number: _____

Preference of Religion: _____

Blood type: _____

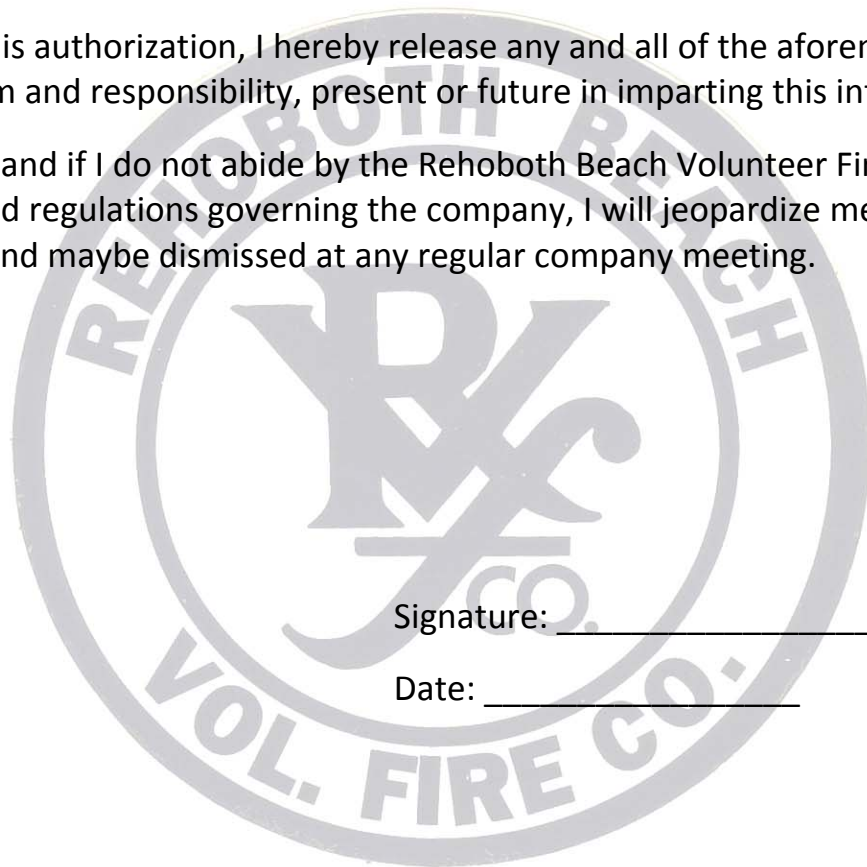
Other important information not already covered _____

I, _____ the undersigned do hereby authorize the Rehoboth Beach Volunteer Fire Company, Inc. to conduct an in-depth background investigation on me. I authorize any police agency, school, business, doctor, individual or association to release any pertinent information which would assist the Rehoboth Beach Volunteer Fire Company, Inc. in evaluating my character and qualifications.

I affirm that all statements contained herein are true and complete. I understand that any false statements or information provided are grounds for denial of this application or dismissal from the Rehoboth Beach Volunteer Fire Company, Inc.

In signing this authorization, I hereby release any and all of the aforementioned sources from and responsibility, present or future in imparting this information.

I do understand if I do not abide by the Rehoboth Beach Volunteer Fire Company, Inc. rules and regulations governing the company, I will jeopardize me position as a member and maybe dismissed at any regular company meeting.



Signature: _____

Date: _____



ITEMS NEEDED WITH APPLICATION

1. A COPY OF DRIVERS LICENSE OR IDENTIFICATION CARD
2. BACK GROUND CHECK CONDUCTED BY SBI LOCATED IN DOVER.
CRIMINAL HISTORY DEPARTMENT
PHONE NUMBER: 302-739-4794
3. A COPY OF DRIVING RECORD FROM DELAWARE MOTOR VEHICLE
ADDRESS: 23737 DUPONT BLVD.
GEORGETOWN DE. 19947
PHONE: 302-852-1000

NOTE:

AFTER COMPLETING A PROBATIONARY PERIOD MEMBERS WILL BE RE-IMBURSE FOR THE BACK GROUND CHECK BY THE REHOBOTH BEACH VOLUNTEER FIRE COMPANY, INC.