

**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**

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## **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:

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## **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: \_\_\_\_\_

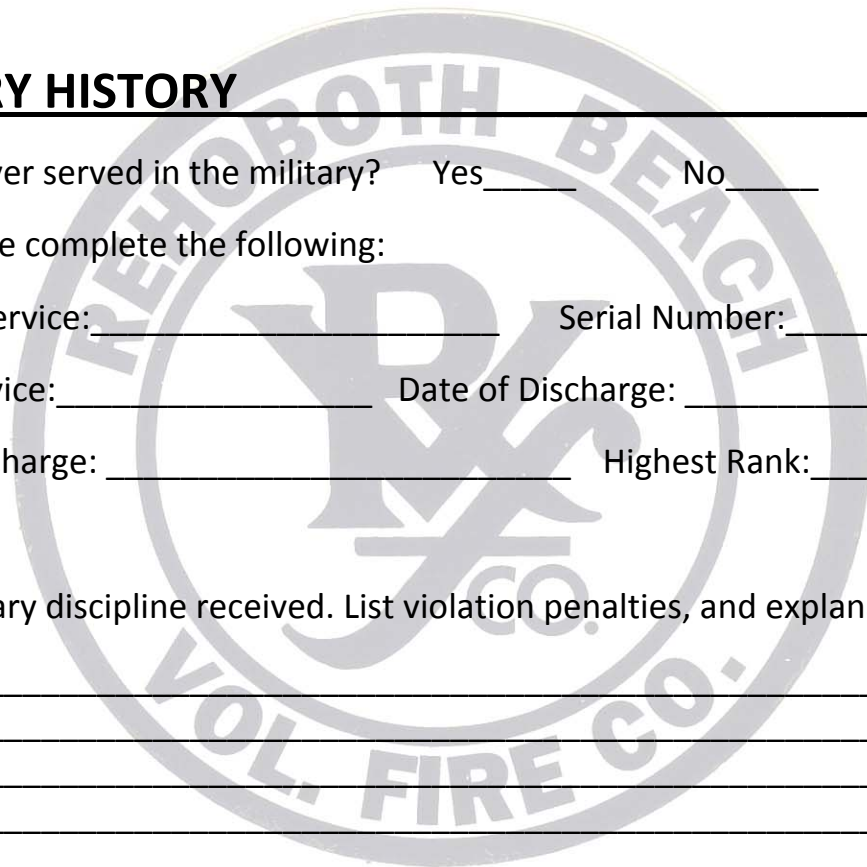
List all military discipline received. List violation penalties, and explanation:

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## **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 \_\_\_\_\_

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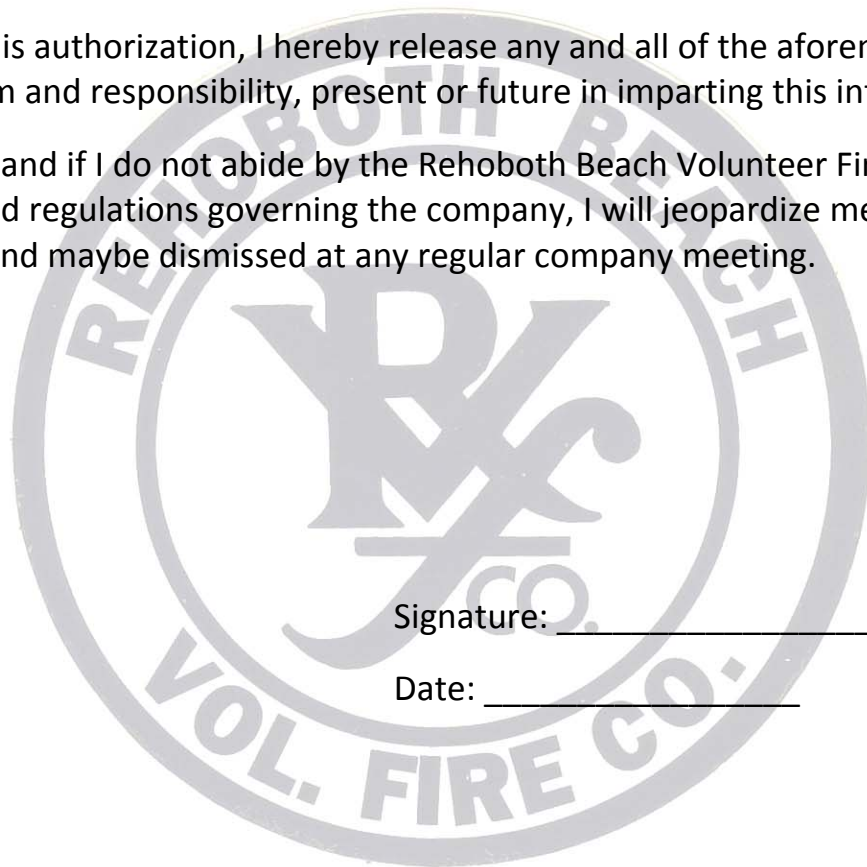
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I, \_\_\_\_\_ the undersigned do hereby authorize the Rehoboth Beach Volunteer Fire Company, Inc. to conduct an in-depth background investigation on me. I authorize any police agency, school, business, doctor, individual or association to release any 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.**