

ODESSA FIRE CO. , Box 81, Odessa, Del. 19730

MEMBERSHIP APPLICATION

Please answer all questions. Do not use pencil.

If any questions do not apply simply use N/A.

If you need to furnish additional information, use blank paper the same size as this application and number the answers to correspond with the questions.

Applicants must understand that if you are accepted into the Odessa Fire Company you will be in a probationary status for 24 months during which time you will be required to demonstrate your fitness for membership, as outlined in the company by-laws. Knowingly and willfully withholding information, or making false statements on this application, will be basis for dismissal from the Odessa Fire Company. All applicants must agree to these conditions and certify that all statements are true to the best of their knowledge. Your signature on this form indicates such an agreement.

PERSONAL HISTORY

Name (last) _____ First, M.I. _____

Address: _____

DOB _____ Age _____ S.S. _____

Home Phone# _____ Cell Phone# _____



ODESSA FIRE CO. , Box 81, Odessa, Del. 19730

EDUCATION

High School Diploma: (circle one) YES / NO

If no, last grade completed: _____

College: (list degree(s) or Certificates) _____

MOTOR VEHICLE

Drivers Licenses#: _____ State: _____ Class: _____

Do you have any points on your licenses Yes / No

If so how many points # _____

FIRE COMPANY INFORMATION

What area are you applying for?

Active Fire: () Active EMS: () Social ()

Have you ever been a member of any Fire Dept. or company, Volunteer or otherwise? Yes: _____ No: _____

If yes, Name of Dept. or Company: _____

Phone# _____ Fire Chief: _____

Years involved: _____

Please provide copies of training certificates held



ODESSA FIRE CO. , Box 81, Odessa, Del. 19730

MEDICAL HISTORY

Do you have or have you ever had any of the following;

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

Epilepsy, Tuberculosis, Fainting Spells, Severe Headaches, Diabetes, Ulcers, Heart Disease, or High Blood Pressure? Yes () No ()

Do you have any medical conditions that would prevent you from performing as a firefighter or EMT? Yes () No ()

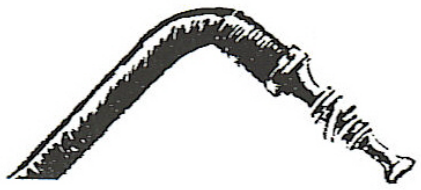
If yes to any of the above please explain: _____

Do you have any fear of heights? Yes () No ()

Are you Claustrophobic? Yes () No ()

Applicant's Signature: _____

Parent or guardian: _____
Signature (If under 18)



ODESSA FIRE CO. , Box 81, Odessa, Del. 19730

Additional information
Sheet



ODESSA FIRE CO. , Box 81, Odessa, Del. 19730

MEMBERSHIP INFORMATION

To be a member of this company you must be 18 years of age or older; 16 years of age with the consent of one parent or guardian, at time of acceptance into the company.

All members must comply with all rules and regulations set forth by the by-laws and the officers of the Odessa Fire Company.

During the 1st year of the probationary period, the new member will not be allowed to vote at any meeting or election, but will be permitted a voice on the floor.

Every 3 months the new member will be evaluated by the membership committee.

New fire line members, during their 1st. year, will be required to complete Basic Firefighting skills course of the Delaware State Fire School.

During their 2nd. Year they must complete structural firefighting skills of the Delaware State Fire School.

During this time and each year there after members must maintain their active status. (20% of fire alarms or 8 meetings or 24 hrs. of training)

New ambulance members will be required to complete the NREMTB course, and be certified as a NREMTB during their 1st. year. Also during the 1st. & 2nd. Years of membership, ambulance members must maintain active status. (10% of ambulance runs or 8 meetings or 24 hrs. of training).

If these requirements, for both fire line and ambulance membership, are not met their membership will automatically be terminated.

At your interview you will be required to sign an affidavit concerning criminal history background as required by Title 16 of the Delaware Code. A copy of this code follows.

After you read and understand the items above, and the copy of Title 16 of The Delaware Code, you may download the application and mail to Odessa Fire Co. P.O. Box 81 Odessa, De. 19730



ODESSA FIRE CO. , Box 81, Odessa, Del. 19730

DELAWARE STATE FIRE PREVENTION COMMISSION

DELAWARE VOLUNTEER FIREFIGHTER'S CRIMINAL HISTORY AFFIDAVIT

(Delaware law stated that any applicant must sign an 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.

**THIS AFFIDAVIT MUST BE SIGNED IN
FRONT OF A NOTARY REPUBLIC**

AFFIDAVIT

I HAVE NEVER BEEN CONVICTED OF AN OFFENSE THAT CONSITITUTES 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 fire of at least #1,000 or term of imprisonment of up to 2 years, or both.

Applicant's signature

Date



ODESSA FIRE CO., Box 81, Odessa, Del. 19730