



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

## **MEMBERSHIP APPLICATION**

**Please answer all questions. Do not use pencil. If any question does 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 (2years) 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. Some Firefighting & EMS courses are college level material and must have a passing grade. 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 INFORMATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOB** \_\_\_\_\_ **Age** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

### **Emergency Contact Information**



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Name of Emergency Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone# \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

### **MOTOR VEHICLE**

Driver License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Expires \_\_\_\_\_ Do you have any points Yes / No  
If so how many points \_\_\_\_\_

### **Education**

High School Diploma: (Circle) Yes / No  
If no, last grade completed: \_\_\_\_\_

College: (List degree(s) or Certifications) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## FIRE COMPANY INFORMATION

What area are you applying for?

- Active Member: Junior (16-18 years old) ( )  
Active Member: Fire (18 or older) ( )  
Active Member: EMS (18 or older) ( )  
Active Member: Admin (18 or older) ( )

Have you ever been a member of any Fire/EMS Department or Company, volunteer or career? Yes \_\_\_\_\_ / No \_\_\_\_\_

If yes, Name of Department or Company: \_\_\_\_\_  
\_\_\_\_\_

Phone# \_\_\_\_\_ Fire Chief: \_\_\_\_\_

Years involved: \_\_\_\_\_

\*\*\*\*Please provide copies of training certifications held\*\*\*\*

Fire Certification # \_\_\_\_\_ Expires: \_\_\_\_\_

NREMT-B Certification# \_\_\_\_\_ Expires: \_\_\_\_\_

AED/CPR Certification# \_\_\_\_\_ Expires: \_\_\_\_\_

EMR Certification# \_\_\_\_\_ Expires: \_\_\_\_\_



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## MEDICAL HISTORY

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

**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 ( )**

**Blood Type: \_\_\_\_\_**

**Organ Donor: Yes ( ) No ( )**

**Applicant's Signature: \_\_\_\_\_**

**Parent or Guardian: \_\_\_\_\_**

**Signature (If under 18)**

**Fire Company use only:**

**Date Contacted: \_\_\_\_\_**

**Date Interviewed: \_\_\_\_\_**

**Date Voted on: \_\_\_\_\_**

**6<sup>th</sup> Month review: \_\_\_\_\_**

**1 year review: \_\_\_\_\_**

**1.5 year review: \_\_\_\_\_**

**2 year review: \_\_\_\_\_**



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## Additional Information Sheet

