



Hockessin Fire Company

1225 Old Lancaster Pike
Hockessin, DE 19707
(302) 239-7159

Membership@hockessin19.com

www.hockessin19.com

Membership Application

Last Name	First Name	Middle Name
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Street Address

City	State	Zip code
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Home Phone #	Cell Phone #
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Email Address	Date of Birth
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Drivers License Number	Issuing State
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EMPLOYMENT

Place of Employment (or indicate if Student)	Occupation (or School)
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Supervisor's Name and Address

Telephone Number	Length of Employment
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Are you currently or have you ever been a member of any branch of the United States Armed Forces?

Branch	Rank	Dates of Service
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Please list and decorations, citations, or accomplishments that you received:

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

If so what is/was the name of Company	Are/were you a member in good standing?
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Describe any Fire, Rescue or EMS training that you have received:

Are you acquainted with any members of the Hockessin Fire Company? If so, list their names:

List any special skills, abilities, or interests that you feel would benefit the Hockessin Fire Company:

List two (2) references that have been associated with you for at least 5 years, excluding family members or roommates. Please include name, address, telephone number, and number of years known.

1.

2.

Have you ever been arrested? (Circle one) Yes No

If yes list offense(s), date and outcome:

Please select the type of membership you wish to apply for: (circle one)

-Probationary Membership (Fire/Rescue/EMS)

-Associate Membership (Non-Firefighting/Administrative duties only)

I authorize the Investigating Committee of the Hockessin Fire Company to perform a criminal background check, driver's license check and contact the references I provided as part of the application process.

I further agree that my conduct at any time shall be in accordance with company By-Laws and S.O.G.'s.

I certify that all information and statements presented in this application are true and correct. I understand that any false statement or misrepresentation could result in the application not being processed and/or expulsion from the Company.

Signed

Date

(Parents/Guardians)-Written consent of parents/guardians and most recent report card must be submitted with this application for all those between the ages of 14 and 18 years. Your signature grants permission for the applicant to join the Hockessin Fire Company. This permission extends to all activities of the Fire Company whether on the Company premises or not, and waives any claims for injury or damage incurred by said member while taking part in the activity.

Signature of parent or guardian (If applicant is under 18 years of age)

Date

Application Check List and Procedures

1. The membership fee of \$5.00
2. Recent self photograph (professional in nature) and a copy of your Driver's License
3. A satisfactory physical report from your doctor must accompany this application
4. Completed New Castle County Volunteer Fireman's Association Release Form (Attached)
5. Completed and notarized Delaware Volunteer Fireman's Criminal History Affidavit (Attached)

Any application that is missing required documents or incomplete will not be processed

Procedure for Payment

1. Check or money order payable to: Hockessin Fire Company.

Procedure for Photograph

1. Recent self photograph (professional in manner; similar to a license or passport photo).
2. Copy of Driver's License or State issued Identification card.

Procedure for Obtaining a Physical

1. Physical must be completed within the last six (6) months of your application date and must state that the applicant is physically capable to perform firefighting/rescue & EMS activities.
2. Physician to complete the attached Medical Information Sheet.

Procedure for Completing the NCCVFA Release Form

1. You must fill out the form on the following page: (New Castle County Volunteer Firefighter's Association Release Form for Consumer Reports). This authorizes us to process your background check. Your background check results will be kept confidential.
2. Should there be anything in the background check that would disqualify you from membership, you will be contacted and informed of our findings. NOTE: Inaccurate and incomplete information on the release form can be grounds for disqualification.
3. If there is nothing in the form that would disqualify you from membership, the criminal background check is complete and the membership process can proceed as normal.

Procedure for Completing the DVFA Criminal History Affidavit Form

1. This form is a legal document. Before signing it make sure that you have read and understand the entire packet. If you have ANY questions on the affidavit, do not sign it until all of your questions are answered to your satisfaction.
2. You must sign this form IN THE PRESENCE of a Notary Public. If you sign the form in advance the Notary will not notarize the form and you will have to obtain a new form.
3. Make sure that when you go to a Notary Public that you have at least one (1) piece of government issued identification. This identification cannot be expired. It is advisable to have two (2) pieces of identification.
4. In Delaware, a Notary Public is allowed to charge for their services. Check with the Membership Secretary to see if there are currently any members who can notarize the form for you.
5. Most banks will notarize documents for you for free if you have an account with them.

Please mail the completed application and requested documents to:

Hockessin Fire Company
Attn: Membership Secretary
1225 Old Lancaster Pike
Hockessin, DE 19707

Mail is preferred, but applications can also be dropped off at the station.

New Castle County Volunteer Firefighters' Association
Release Form For Consumer Reports

In connection with my application for membership to the New Castle County Volunteer Fire Service (including contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including a Social Security number report (which while accessing consumer credit will **not** include a report of my credit history), criminal records, and driving record. Further I understand that you will be requesting information from various Federal, State, local and other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by the New Castle County Volunteer Firefighters' Association or a representative of this association to furnish the above mentioned information. I understand that the above mentioned information will be provided to the fire company to which I have applied.

I have the right to make a request of First Advantage Applicant Background Checks, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above mentioned reports at any time during my membership (or contract).

Name (Printed): _____ Social Security #: _____
Driver's License #: _____ State: _____

Have you been convicted or received any verdict other than *not guilty* or been placed on probation/deferred adjudication or paid a fine for any crime? YES NO

[Note: It is your responsibility to verify expungement of any criminal record. If you check "no" to the above question and the New Castle County Volunteer Firefighters' Association or receives a report showing a criminal offense(s) as noted above, you are deemed to have committed misrepresentation and are ineligible for membership, or subject to dismissal, if a current member.]

Explain: _____

A conviction will not necessarily disqualify you for membership.

Addresses for past five (5) years:

Current Address

Street City State Zip

County _____

Previous Address From (date): _____ To (date): _____

Street City State Zip

County _____

Previous Address From (date): _____ To (date): _____

Street City State Zip

County _____

For identification purposes only: Date of Birth ___/___/_____

Other names used (includes maiden, married, name change):

From (date): _____ To (date): _____

From (date): _____ To (date): _____

Signature: _____ **Date:** _____

DELAWARE STATE FIRE PREVENTION COMMISSION

DELAWARE VOLUNTEER FIREMEN'S CRIMINAL HISTORY 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.

AFFIDAVIT

I have never been convicted of an offense that constitutes 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 fine of at least \$1000 or a term of imprisonment of up to 2 years, or both.

Applicant's Signature

Date

I am unable to submit the above statement. My written explanation as to what is not true with regard to the above statement and why is set forth below:

[Attach additional pages if needed along with a certified copy of your criminal history record from the appropriate authorities]

Applicant's Signature

Date

_____ (County)

_____ (State)

Before me personally appeared, _____,
Applicant, of lawful age, to me known to be the identical person who signed this
document of application and being by me first duly sworn, on oath state that all
the foregoing statements are true and correct to the best of _____
knowledge and belief.

Signature of Notary Public

Printed or Typed Notary Public's Name

My Commission expires: _____

(Seal)

TITLE 16

Health and Safety

Safety

CHAPTER 66. FIRE PREVENTION

Subchapter IV. Volunteer Firefighters [Effective Sept. 15, 2007]

§ 6646. Definitions [Effective Sept. 15, 2007]

"Member" means a volunteer firefighter of a Delaware volunteer fire department, as certified by the Delaware State Fire Prevention Commission. (76 Del. Laws, c. 157, § 1.)

§ 6647. Membership requirements for volunteer firefighters [Effective Sept. 15, 2007]

(a) An applicant for membership in a Delaware volunteer fire department who has been convicted of or, had that applicant been charged as a juvenile, adjudicated delinquent of any of the following crimes is prohibited from serving as a firefighter in this State:

(1) A felony involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime, such as forcible rape;

(2) A felony involving the sexual or physical abuse of a child or of an elderly or infirm person, such as sexual misconduct with a child, sexual exploitation of a child, making or distributing child pornography, incest involving a child, or assault on an elderly or infirm person;

(3) A crime in which the victim is an out-of-hospital patient or a patient or resident of a healthcare facility, including abuse, neglect, or theft from or financial exploitation of a person entrusted to the care or protection of the applicant;

(4) Arson in the third, second, or first degree; reckless burning or exploding; cross or religious symbol burning; or any crime in which the applicant intentionally or recklessly started a fire or caused an explosion, or attempted or conspired to do so;

(5) A law of another state, territory, or jurisdiction which is the same or equivalent to the offenses described in paragraphs (a)(1) through (4) of this section.

(b) Membership in a Delaware volunteer fire department must be denied if the applicant has been convicted or, if that applicant was charged as a juvenile, has been adjudicated delinquent of any of the following crimes, except in extraordinary circumstances:

(1) Any crime for which the applicant is currently incarcerated, on work release, on probation, or on parole;

(2) Any crime in the following categories, unless at least 5 years have passed since the applicant's conviction or at least 5 years have passed since the applicant was released from custodial confinement, whichever occurs later:

a. A serious crime of violence against a person, such as assault with a dangerous weapon, aggravated assault, murder or attempted murder, manslaughter (other than involuntary manslaughter), kidnapping, or robbery of any degree;

b. A crime involving a controlled substance or designer drug, including unlawful possession or distribution of, or intent to unlawfully possess or distribute, a controlled substance in Schedules I through V of the Uniform Controlled Substances Act of Chapter 47 of this title;

c. A serious crime involving property, such as burglary, embezzlement, or insurance fraud;

d. Any crime involving sexual misconduct;

e. A crime of another state, territory, or jurisdiction which is the same or equivalent to the offenses described in paragraphs (b)(2)a. through d. of this section.

(3) In extraordinary circumstances, membership may be granted under subsection (b) of this section only if the applicant establishes by clear and convincing evidence that his or her membership will not jeopardize public health or safety.

(c) An applicant for membership in a Delaware volunteer fire department who knowingly provides false, incomplete, or inaccurate criminal history information, or who otherwise knowingly violates a provision of this subchapter, is guilty of a class G felony. In addition to a term of imprisonment of up to 2 years, the court shall impose a fine of no less than \$1,000 which may not be suspended.

(d) The State Fire Prevention Commission shall adopt regulations to

implement the provisions of this subchapter. The regulations must include, as

part of the application form for membership in a Delaware volunteer fire

department, a dated and signed statement by the applicant swearing to or

affirming the following, if the following is true. If it is not true, the

applicant must explain in writing what is not true and why it is not true.

"I have never been convicted of an offense that constitutes any of the crimes

set forth in 16 Del. C. § 6647 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 fine of at least

\$1,000 or a term of imprisonment of up to 2 years, or both."

(e) An applicant for membership in a Delaware volunteer fire department who is denied membership or whose membership is revoked because of the requirements of this subchapter may appeal the denial or revocation to the State Fire Prevention Commission within 15 days of written notification of the denial or revocation by the volunteer fire department. An appeal under this subsection must be held in accordance with the appropriate provisions of the Administrative Procedures Act, Chapter 101 of Title 29, and is subject to judicial review under subchapter V of Chapter 101 of Title 29. (76 Del. Laws, c. 157, § 1; 70 Del. Laws, c. 186, § 1.)

Hockessin Fire Company

Emergency Medical Information Form

-To be completed by the applicant's Physician only as part of the physical exam

-This information will be used for emergency purposes only

Applicant Name _____

D.O.B _____

Allergies _____

Medications _____

Medical History _____

Normal B.P. _____

Pulse Rate _____

Organ Donor (circle one) Yes No

Applicant's Emergency contact information:

Contact name: _____

Relationship: _____

Contact phone number: _____

Physician Name _____

Physician Phone Number _____