

ROXANA VOL. FIRE CO. MEMBERSHIP APPLICATION

Type of Membership Applied for: _____ Active _____ Associate _____ Junior _____ Honorary

Date of Application _____ Social Security Number _____ - _____ - _____

Name _____ Home Telephone Number _____

Address _____ Work Telephone _____

City _____ State _____ Zip _____ Cell Number _____

Birth Date _____ Pager Number _____

Age _____ Marital Status _____ Spouses Name _____ Blood Type _____ Donate Y or N

In case of emergency notify _____ Relationship _____

Emergency contact telephone number _____ Alternate # _____

Drivers License # _____ State _____ Class _____ Ever Revoked or Suspended Y or N

Place of Employment _____ Address _____

Type of Work _____

Days & hours of work _____

Any previous fire department experience Y or N If yes, give full details _____

When did you become a resident of the Roxana Fire district? _____

Are you a citizen of the United States? Y or N General Health Condition: **Excellent** **Good** **Fair** **Poor**

List any disabilities in: Hearing _____ Speech _____ Vision _____

Physical _____ Other _____

Have you ever been convicted of a crime? Y or N If yes, give full details _____

Personal references: List 3 references **not related to you** whom you have known at least 1 year....

Name	Address	Phone #	Yrs. Known
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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I, _____, hereby make application for membership pledging myself to the Performance of my required duties, and to the command of my superior officer and current by laws, rules and regulations, and S.O.P.'s of the Roxana Volunteer Fire Company. I also authorize investigation of all information contained in this application. I understand that misrepresentation of information or any felony criminal convictions is cause for this application to be rejected by the Roxana Volunteer Fire Company. In addition, I agree to provide the Roxana Volunteer Fire Company, a criminal background report, a copy of my driving record, and a general health statement from my physician. I am aware that the Delaware State Police will forward the background criminal information directly to the Roxana Volunteer Fire Company, and that I will be contacted concerning an interview once you have received the above required items.

_____ Signature of Applicant	_____ Date
_____ Signature of Member	_____ Date
_____ Signature of Member	_____ Date

You can obtain a copy of your driving record from the Division of Motor Vehicles in Georgetown.

Your criminal background report can be obtained from the following:

Delaware State Police Headquarters State Bureau of Investigation Rt. 13 Dover, DE 19901 9 a.m. to 4 p.m.	Delaware State Police Troop 4 Rt. 113 Georgetown, DE 19947 Noon – 7 p.m.
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You will need to provide a picture identification and a cashier's check or money order in the amount of \$25 made payable to Delaware State Police.

You have 30 days after submitting your application to the Roxana Vol. Fire Co. to provide a copy of your receipt showing that you have contacted the Delaware State Police for the background report.

Application reviewed by _____ Date _____
_____ Date _____
_____ Date _____

Board of Directors and Review Committee

Notes: _____

If rejected, reason _____

Date application received at station _____

1st reading _____ 2nd reading _____

Met with board of directors on: _____

Recommendation: _____ Favorable _____ Unfavorable

Voted on membership on _____

Vote Tally: _____ Yes _____ No

as probationary member on _____

Or Application declined on _____

