



## APPLICATION FOR MEMBERSHIP

Please read and sign:

I, \_\_\_\_\_ hereby make application for membership in the Cheswold Volunteer Fire Company. In connection with this application, I authorize the department to conduct a background investigation and authorize any person named herein and any law enforcement agency to release information that may be pertinent to such investigation. I affirm that all statements contained herein are true and complete. I understand that any false statements made are grounds for denial of this application or dismissal from the company. If accepted as a member, I agree to abide by all rules and regulations as specified in the constitution and by-laws of the Cheswold Volunteer Fire Company

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**For your membership application to be complete, you must:**

\_\_\_\_\_ Provide all information requested in this application including signature

\_\_\_\_\_ Provide a current Criminal Background Check from the State of Delaware

After completing and becoming a regular member we will re-imburse for background and record

\_\_\_\_\_ Obtain your official driving record

**PROCEDURE FOR OBTAINING DRIVERS RECORD REPORT**

1. An inquiry of information for your driving record can be obtained at any Division of Motor Vehicles Office.
2. There is a Fee for this service payable to the State of Delaware Department of Motor Vehicles.
3. Return the completed **Application** along with the **Drivers Record Report**.

\_\_\_\_\_ Copy of your driver's license or State Identification card for verification

\_\_\_\_\_ Copy of your Social Security card for verification

Administrative use only

Date received: \_\_\_\_\_  
 1<sup>st</sup> reading: \_\_\_\_\_  
 Interview Date /Time: \_\_\_\_\_  
 2<sup>nd</sup> reading / Vote: \_\_\_\_\_  
 Notes:

PLEASE PRINT

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## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First, MI, Last) Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ How long at current  
City, State, Zip: \_\_\_\_\_ residence?: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell phone Number: \_\_\_\_\_

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

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## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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## MEMBERSHIP CATEGORY AND AREA OF INTEREST

Which membership category of the company do you have an interest in pursuing?

REGULAR     AMBULANCE     JUNIOR

Which administrative area(s) of the department do you have an interest in pursuing? (Applies to ALL members)

- |  |   |
|--|---|
| <input type="checkbox"/> Fundraising                     | <input type="checkbox"/> Information Technology       |
| <input type="checkbox"/> Recruitment / Retention         | <input type="checkbox"/> Hall Rental                  |
| <input type="checkbox"/> Fire Prevention                 | <input type="checkbox"/> State / County organizations |
| <input type="checkbox"/> Buildings & Grounds Maintenance | <input type="checkbox"/> Treasury / Accounting        |
| <input type="checkbox"/> Public Relations                | <input type="checkbox"/> Historian                    |
| <input type="checkbox"/> Bingo                           | <input type="checkbox"/> Other _____                  |

**Please tell us briefly why you would like to become a member of the Cheswold Volunteer Fire Company:**

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## **FIRE FIGHTING/EMS EXPERIENCE**

Have you ever been a member of a volunteer or paid fire department, rescue squad or ambulance corps or similar organization?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      If YES, please complete the following:

Organization: \_\_\_\_\_ How Long: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Supervisor's Telephone: \_\_\_\_\_

Date you entered the organization: \_\_\_\_\_ Date you left: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Rank or Positions Held: \_\_\_\_\_

If you have been affiliated with more than one such organization, check this box [  ] and provide for each the same information called for above by writing it on the back of this page.

Please list any fire service or emergency medical service type training you have completed (e.g., Emergency Medical Technician, Fire Science course, etc.). Give expiration dates for any training certificates that you hold.

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## EMPLOYMENT HISTORY

List below all previous employers in last 5 years starting with most current: (use back of page if necessary)

Current Employer:	_____	How long:	_____
Address:	_____	Occupation:	_____
City, State, Zip:	_____	Supervisor:	_____
Business Telephone:	_____	Supervisor's Telephone:	_____
Employer:	_____	How long:	_____
Address:	_____	Occupation:	_____
City, State, Zip:	_____	Supervisor:	_____
Business Telephone:	_____	Supervisor's Telephone:	_____

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## REFERENCES

Please list three character references other than employers:

Name:	_____	Occupation:	_____
Address:	_____	Work Phone:	_____
City, State, Zip:	_____	Home Phone:	_____
Interviewer's Notes:	_____		

Name:	_____	Occupation:	_____
Address:	_____	Work Phone:	_____
City, State, Zip:	_____	Home Phone:	_____
Interviewer's Notes:	_____		

Name:	_____	Occupation:	_____
Address:	_____	Work Phone:	_____
City, State, Zip:	_____	Home Phone:	_____
Interviewer's Notes:	_____		

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## MILITARY HISTORY

Have you ever served in the military forces of the United States? (Including the Reserves or National Guard)

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      If YES, please complete the following:

Branch of Service: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_  
Discharge Location: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

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## EDUCATION HISTORY

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
College: \_\_\_\_\_ Number of years: \_\_\_\_\_  
Degree: \_\_\_\_\_ Year of graduation: \_\_\_\_\_  
College: \_\_\_\_\_ Number of years: \_\_\_\_\_  
Degree: \_\_\_\_\_ Year of graduation: \_\_\_\_\_  
Other certifications: \_\_\_\_\_  
\_\_\_\_\_

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## CRIMINAL HISTORY

Have you ever been charged with or convicted of any misdemeanor or felony offense?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      If YES, please complete the following:

Describe the nature of the offense, dates charged and convicted law enforcement agency involved, the jurisdiction, and disposition of case:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with or convicted of any moving traffic violations?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      If YES, please complete the following:

Describe the nature of the offense, dates charged and convicted, law enforcement agency involved, the jurisdiction, and disposition of case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_