



CHRISTIANA FIRE COMPANY

2 East Main Street
Christiana, DE 19702

Phone: 302-737-2433
Fax: 302-738-0859

MEMBERSHIP APPLICATION PROCEDURE

1. Applicants to the Christiana Fire Company must meet the following qualifications as of the date of submission:
 - be at least 15 years of age
 - a U.S. citizen
 - live/work within the boundaries Christiana Fire Company
 - live out of district but reside closer to one of our stations
2. Applicants living out of district affiliated with another Fire/EMS Company may apply for an Associate Membership.
3. If the applicant has been affiliated with another Fire/EMS Company, Christiana Fire Company **REQUIRES** a letter of recommendation on company letterhead signed by the Chief or President of that department.
4. All applicants must submit the following documentation through the U.S. Mail. **NO HAND-DELIVERED APPLICATIONS WILL BE ACCEPTED.** The applicant needs to have begun the criminal history process (outlined on page 6 of this packet).
 - Completed Membership Application
 - Driving Record
 - Authorization/Signature Form
 - Delaware Code Chapter 66, Title 16 Signed Page
 - Fire training records (if applicable)
 - Junior Membership Parental Consent Form (if applicable)

MAIL PACKET TO: Review Board
Christiana Fire Company
2 East Main Street
Christiana, Delaware 19702-3122

5. The Review Board shall CONFIDENTIALLY review all applications, criminal histories and other documents submitted. Recommendations will be at the discretion of the Review Board Committee, who will base each case on an individual basis.
6. The applicant, at the discretion of the Review Board, will be notified by letter of the date, time and place of their interview.
7. During the interview process, the Review Board will advise the applicant of ALL probationary requirements.
8. If the Review Board recommends the applicant, the Review Board will make that recommendation in writing to the President to be voted on at the next Company meeting.
9. All applicants will be notified by letter from the Review Board of the status of their application.

Christiana Fire Company is an equal opportunity organization. The Company offers membership to all applicants regardless of race, color, religion, sex, age, orientation or national origin. In addition, the Company does not discriminate against physically or mentally disabled persons capable of performing the material duties required of administrative, fire suppression and/or Emergency Medical Services personnel.

Christiana Fire Company is committed to providing a drug free environment for the protection of our members and the community we serve. Christiana Fire Company reserves the right to require admission, incident based and random drug screening tests without advance notice.

Christiana Fire Company

PROBATIONARY MEMBERSHIP REQUIREMENTS

All new members will be on a minimum (1) one-year probation period, with the maximum of (2) two years. Any probationary member who has served in another fire/EMS service may have the fire school requirements waived with provision of copies of official training records. They shall be divided into (3) three groups for purposes of minimum requirements: EMS, Fire Line and Administrative.

EMS MINIMUM REQUIREMENTS:

1. NREMT B Course
2. 20 hours of company service time
3. Attend (5) five monthly company meetings in 12 months
4. 72 hours of scheduled duty crew (VOLUNTEER TIME)

FIRE LINE MINIMUM REQUIREMENTS:

1. Basic Firefighting Skills
2. Structural Firefighting Skills
3. Vehicle Rescue
4. First Responders Course
5. CPR/AED certification
6. 20 hours of company service time
7. Attend (5) five monthly company meetings in 12 months
8. 5% of dispatched fire alarms

ADMINISTRATIVE MINIMUM REQUIREMENTS:

1. 100 hours of administrative type activities as assigned by the President, Board of Directors or the Chief
2. Attend (5) five monthly company meetings in 12 months

ASSOCIATE MEMBERSHIP REQUIREMENTS

EMS REQUIREMENTS:

1. NREMT-B Certification
2. Delaware EMT Certification

FIRE LINE REQUIREMENTS:

1. Basic Firefighting Skills or Equivalent
2. Structural Firefighting Skills or Equivalent
3. Vehicle Rescue or Equivalent
4. First Responder Course
5. CPR/AED Certification

Christiana Fire Company

THE FOLLOWING STATEMENT IS REQUIRED BY CHAPTER 66,
TITLE 16 OF THE DELAWARE CODE:

I have never been convicted of an offense that constitutes any of the crimes set forth in 16 Del. §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 statements in this application, I am subject to penalties prescribed by law, including denial or revocation of membership in Christiana Fire Company and a mandatory fine of at least \$1,000.00 or a term of imprisonment of up to 2 years, or both.

Signature: _____

Date: _____

Print Name: _____

Christiana Fire Company

NEW APPLICATNS ARE REQUIRED TO SUPPLY A CRIMINAL HISTORY REPORT AND DRIVING RECORD.

(All fees associated with the application process are non-refundable)

PROCEDURE TO OBTAIN CRIMINAL HISTORY REPORT

1. Call the Delaware State Police in Dover at (302) 739-2528. They will schedule an appointment to meet you at Delaware State Police Department – Troop 2 for fingerprinting.
2. Applicants for Junior Membership MUST BE accompanied by a parent or legal guardian for this appointment.
3. There is a fee for this process – AMERICAN EXPRESS AND PERSONAL CHECKS ARE NOT ACCEPTED.
4. Please instruct the State Police to mail the complete report to:
Review Board
Christiana Fire Company
2 East Main Street
Christiana, Delaware 19702-3122
5. Upon receipt of the criminal history report, applicants will be notified of their eligibility for membership.

PROCEDURE TO OBTAIN DRIVING RECORD

1. Driving records may be obtained at any Division of Motor Vehicle office.
2. There is a fee for this report. Personal Checks are accepted.
3. Mail your driving record to the address above or drop it off in the Review Board mailbox at the same location.

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AUTHORIZATION & SIGNATURE FORM

- I authorize Christiana Fire Company to request a transcript or other report of any record pertaining to me from any law enforcement agency.
- I authorize Christiana Fire Company to request a high school and/or college transcript.
 - Name of School(s): _____
 - Last Year Attended: _____
- I certify that if I am male, born after 01 January 1960, that I have registered for Selective Service if required. I understand that I may be required to provide documentation of my registration.
- I authorize Christiana Fire Company to investigate any and all statements in my application and to contact previous employers and references. I understand that false, misleading and/or substantive omission of information may be sufficient cause for termination of consideration or for dismissal if already a member. If accepted as a member of the Christiana Fire Company, I agree to abide by the existing Company By-Laws, Standard Operating Procedures, rules and regulations and those By-Laws, Standard Operating Procedures, rules and regulations which may become effective while I am a member of Christiana Fire Company.
- I understand that in order to be considered for membership, I must submit the following information at my own expense:
 - Complete and certified copy of my driving record to be obtained from the Delaware Division of Motor Vehicles and/or the Department of Motor Vehicles in the state of license issuance.
 - Complete and certified criminal history report to be obtained from the Delaware State Police.
- I further understand that my application will not be considered without the above listed information.
- I agree to submit to admission of incident based and random drug testing at the request of Christiana Fire Company without prior notice. I understand this testing will be performed at a facility chose by Christiana Fire Company and paid from by Christiana Fire Company.
- I understand if I am accepted for membership by the Christiana Fire Company, the company shall require verification of identity.

Signature: _____

Date: _____

Print Name: _____

Christiana Fire Company

JUNIOR MEMBERSHIP PARENTAL CONSENT FORM

Name of Applicant: _____

is a proposed candidate for Junior Membership with the Christiana Fire Company. This applicant is a minor and therefore Christiana Fire Company is requesting written consent from both parents or legal guardians of concern.

I/We, the undersigned, hereby grant permission for the above mentioned applicant to become a Junior Member with Christiana Fire Company. I/We understand that this permission may be revoked for a specified period of time by contacting the assigned Junior Advisor.

I/We understand that my child must submit a criminal history record as evidence that my child has not been convicted or adjudicated delinquent of a felony or misdemeanor A. I/We further understand that at least one parent must accompany the child to the police station to obtain a criminal history record. I/We further understand that if my child does not submit a criminal history record as part of the Junior Membership application, my child will not be considered.

The signatures below indicate my acceptance of these terms.

Parent/Legal Guardian Signature: _____

Date: _____

Parent/Legal Guardian Signature: _____

Date: _____

Christiana Fire Company

APPLICATION FOR MEMBERSHIP

Please type or print in black ink		Social Security Number	Date
Name - Last		First	Middle
Present Address - Street		Phone []	
City	State	Zip Code	
Previous Address - Street		Phone []	
City	State	Zip Code	
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver License - State	Type / Class	Number	Expiration
Have you had a traffic offense, other than a parking citation, in the past (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your driver's license ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to either question, please explain cause, date(s) and State [Note: Failure to disclose may be cause for rejection of application or termination of membership]			
Have you ever been convicted of a felony or Class A Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a registered sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to either question, please explain cause, date(s) and State [Note: Failure to disclose may be cause for rejection of application or termination of membership]			

Membership Desired (Check all that apply) Fire EMS Admin Associate

Primary Station Preference (Members are welcome at all stations)

Station 12 – Main St Station 6 – Porter Rd Station 3 – Salem Church Rd

Employment [Begin with current or last employment]

Company Name		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address - Street		Telephone Number []	
City		State	Zip Code
Date Start	Date End	Positions Held	
Present or Last Supervisor		Telephone Number []	
Company Name		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address - Street		Telephone Number []	
City		State	Zip Code
Date Start	Date End	Positions Held	
Present or Last Supervisor		Telephone Number []	
Company Name		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address - Street		Telephone Number []	
City		State	Zip Code
Date Start	Date End	Positions Held	
Present or Last Supervisor		Telephone Number []	

Education	Dates		Graduated	Degree
	From	To		
High School Address			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School Address			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education and/or Training				
Military Service	Dates		Discharge Date	Type
	From	To		
Branch Rank				
Specialized Training and/or Assignments				
Volunteer Fire Service	Dates		Highest Office Achieved	Reason for Leaving
	From	To		
Company Address				
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Company Address				
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Fire Training and/or Delaware State Fire School completed courses and dates				

References [Do not include relatives or employers]

Name		Years Known
Address - Street		Telephone Number []
City	State	Zip Code

Name		Years Known
Address - Street		Telephone Number []
City	State	Zip Code

Name		Years Known
Address - Street		Telephone Number []
City	State	Zip Code

Please list professional and community memberships, honors, offices held, extracurricular activities, hobbies and interests. Please omit those which indicate race, religion or national origin.