

Greenwood Volunteer Fire Company

Application for Membership

Auxiliary ____ **Junior Firefighter** ____ **Probationary Firefighter** ____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License #: _____ Class: _____ Expiration: _____

Date of Birth: _____ Social Security #: _____

Cellphone #: _____ Alternate #: _____

Email Address: _____

Emergency Contact: _____ Phone #: _____

Occupation: _____ Employer: _____

Reason for wanting to serve the GVFC: _____

Character References other than relatives:

1. _____ Address: _____ Phone #: _____

2. _____ Address: _____ Phone #: _____

3. _____ Address: _____ Phone #: _____

Have you ever been a member of any other Fire Company? YES or NO If YES, please list all.

Company: _____ Years of Service: _____

Offices Held: _____

Company: _____ Years of Service: _____

Offices Held: _____

List All Firefighting and EMS Training Received:

If you have no previous experience, do you agree to attend all firefighting training as required by the Company Bylaws? YES or NO

Are you willing and able to take part in Fire Company activities such as the Chicken BBQ, Trainings, Fundraisers, and Meetings? YES or NO

Are you in sound physical condition to the best of your knowledge? YES or NO

Do you understand that earning your regular membership depends on your attendance to meetings, training, and activities during your probationary period? YES or NO

I certify that the above statements are true:

Signed: _____ Date: _____

Minor Applicants Only

I have reviewed the application for membership as a Junior Member of the Greenwood Volunteer Fire Company No. 1, Inc. made by: _____ and hereby give my consent and approval to the applicant becoming a member of this organization.

Signed: _____ (Parent or Legal Guardian-Circle One)

Printed Name: _____ Date: _____

Fire Company Use Only:

Membership Committee Interview Date: _____

Voted on for Probationary Membership Date: _____ Results: _____

Voted on for Active Membership Date: _____ Results: _____



STATE FIRE PREVENTION COMMISSION

DELAWARE FIRE SERVICE CENTER
FAX (302) 739 - 4436

(302) 739 - 3160

1463 CHESTNUT GROVE ROAD

DOVER, DELAWARE 19904

December 19, 2024

Dear Mr. President,

With the recent passage of House Bill 411, the Delaware State Fire Commission is now responsible for screening the backgrounds of all applicants and members of Delaware volunteer fire companies. To streamline this process, the Commission has developed an application form that will help us process the backgrounds of all applicants and members while also ensuring timely notifications are sent to the fire companies.

Currently, while we receive background information, we do not know which fire company the individual is associated with. To address this issue, we have created an application form and attached the required affidavit. According to Delaware Code § 6647(e), anyone applying for membership in a Delaware volunteer fire company must complete this affidavit (current members are not required to fill it out).

Moving forward, please ensure that all applicants and current members complete the background application form, which can be mailed or sent via email to fire.commission@delaware.gov. We believe that requiring applicants and members to fill out this form will help expedite the screening process and alleviate any difficulties faced by the fire companies.

Sincerely,

Sherry Lambertson
Executive Director
sl/

Enclosure
cc: Commissioners
Jay Jones, DVFA



Background Application For Membership

Delaware Volunteer Fire Company

This application is to be used if you are joining or are currently a member of a Delaware Fire Company.

☐ **Initial Membership:** Requires State & Federal Background Check. Once completed, your background check will be sent to the Delaware State Fire Prevention Commission for review and notification to the fire company in which you have applied.

☐ **Current Membership:** Requires State and Federal Background Check. Once completed, the fire company you designate will be notified of the results.

Name:		Phone Number:	
Mailing Address:		Email:	
Physical Address:		DOB:	

You are responsible for keeping the Fire Prevention Commission apprised of any address changes.

Have you ever been arrested and/or convicted of any National, Federal, State or Local felony and/or misdemeanor including entering a plea or no contest?	
Are there any criminal and traffic charges pending against you?	
Are you currently on Probation, Incarcerated, or on work release?	
<i>If you answered yes to any of the questions above, please attach a detailed statement with application for each offense.</i>	

Fire Company Affiliation:		Office Use Only:	
Fire Company Name:		Application Received Date:	
Fire Company Point of Contact:		Background Completed:	
Phone Number:		Background Received:	
Email:		Applicant/Member Notified:	
		Fire Company Notified:	
		Processed Date:/Initials	

Applicant's Signature _____

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and I understand that any falsification of facts may face criminal penalties to the extent allowable by law.

Revised: 5-11-2023/DL

Delaware State Fire Prevention Commission

1463 Chestnut Grove Road

Dover, DE 19904

(302) 739-3160

Fax: (302) 739-4436

Email: fire.commission@delaware.gov

Email

Print



**DELAWARE STATE FIRE PREVENTION COMMISSION
DELAWARE VOLUNTEER FIREFIGHTER'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 until the notarized affidavit is attached and accompanied by the mandatory criminal history information from the State Bureau of Identification. Incomplete applications shall not be processed.

A copy of this affidavit must be forwarded to the Delaware State Fire Prevention Commission by the fire company to which the applicant is applying for membership.

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

[illegible]

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 VI. Volunteer Firefighters

§ 6646. Definitions.

"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; 77 Del. Laws, c. 444, § 3;

§ 6647. Membership requirements for volunteer firefighters.

(a) A member or an applicant for membership in a Delaware volunteer fire department who has been convicted of or, had that member or applicant been charged as a juvenile, adjudicated delinquent of any of the crimes listed under paragraphs (b)(1) and (b)(2) of this section, is prohibited from serving as a firefighter in this State.

(1)-(5) [Repealed.]

(b) Membership in a Delaware volunteer fire department, after a state and federal background check, must be denied or revoked if the applicant or member has been convicted or, if that applicant or member 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 or member's conviction or at least 5 years have passed since the applicant or member 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 or member establishes by clear and convincing evidence that the

applicant's membership or member's continued membership will not jeopardize public health or safety.

(c) No applicant for membership in a Delaware volunteer fire department shall be charged any fee or cost for obtaining criminal history information from the State Bureau of Identification for the application.

(d) 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.

(e) 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."

(f) 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; 77 Del. Laws, c. 444, § 3; 78 Del. Laws, c. 179, § 233; 80 Del. Laws, c. 332, § 1; 84 Del. Laws, c. 405, § 1;



Beneficiary Designation Form for Group Insurance Products Underwritten by:
Axis Insurance Company
Cigna Life Insurance Company of New York
Life Insurance Company of North America
New York Life Insurance Company
Provident Life & Accident Insurance Company

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. Completed beneficiary designation forms must be kept on file with your organization.

Section 1: Policyholder Information

Organization Name			Phone	
Organization Address	City	County	State	Zip

Section 2: Member Information

Name (Last Name, Suffix, First Name, MI)	Date of Birth	Social Security #
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Check the coverages to which this beneficiary designation form applies. ☐ A&H ☐ AD&D ☐ Critical Illness ☐ Group Life ☐ All

Section 3: Primary Beneficiary(ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

Section 4: Contingent Beneficiary(ies)

Total Must Equal 100%

If all primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies) of the insurance benefits that may be payable at the time of my death.

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

Section 5: Signature

Total Must Equal 100%

X

Member Signature

Date



Beneficiary Designation Form for Group Insurance Products Underwritten by:
Axis Insurance Company
Cigna Life Insurance Company of New York
Life Insurance Company of North America
New York Life Insurance Company
Provident Life & Accident Insurance Company

Instructions: As a member of your organization you are eligible for benefits under group insurance policies provided through Provident Agency, Inc. You have the right to name a beneficiary. If you choose not to name a beneficiary, or if all named beneficiaries die with or before you, the death benefits may be payable to in the order listed below:

- a. spouse;
- b. child or children, equally, if living, otherwise to their descendants per stirpes;
- c. parents, equally or to the survivor;
- d. sisters or brothers, equally or to the survivor or survivors;
- e. your estate.

If you would like to name a specific beneficiary(ies), then you need to complete this form. Completed beneficiary designation forms must be filed with your organization.

Important Information About Designation of Beneficiaries

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits. Please specify the percentage of the benefit you want to be paid to each primary beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits only if all primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want to be paid to each contingent beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** - When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** - You may designate a valid trust as a beneficiary.

Types of Coverage Information

- **A&H** is Accident & Health insurance provided by your organization for which they pay the premiums.
- **AD&D** is Accidental Death & Dismemberment insurance provided by your organization for which they pay the premiums.
- **Critical Illness** is group Critical Illness insurance provided by your organization for which they pay the premiums.
- **Group Life** is life insurance provided by your organization for which they pay the premiums.

If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

General Information

- **Updates to Your Beneficiary Designation** - You can change your beneficiary designation at any time. You should review your designation periodically.
- **Consult an Attorney** - This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.