



ODESSA FIRE CO. , Box 81, Odessa, Del. 19730

MEMBERSHIP APPLICATION

Please answer all questions. Do not use pencil. If any question does not apply, simply use N/A. If you need to furnish additional information, use blank paper the same size as this application and number the answers to correspond with the questions.

Applicants must understand that if you are accepted into the Odessa Fire Company you will be in a probationary status for 24 months (2years) during which time you will be required to demonstrate your fitness for membership, as outlined in the company By-Laws. Knowingly and willfully withholding information, or making false statements on this application, will be basis for dismissal from the Odessa Fire Company. Some Firefighting & EMS courses are college level material and must have a passing grade. All applicants must agree to these conditions and certify that all statements are true to the best of their knowledge. Your signature on this form indicates such an agreement.

PERSONAL INFORMATION

Name: _____

Address: _____

DOB _____ Age _____ SSN _____

Home Phone _____ Cell Phone _____

Emergency Contact Information



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Name of Emergency Contact person: _____

Address: _____

Relationship: _____ Home Phone# _____

Cell Phone# _____ Work Phone# _____

MOTOR VEHICLE

Driver License # _____ State _____ Class _____

Expires _____ Do you have any points Yes / No
If so how many points _____

Education

High School Diploma: (Circle) Yes / No
If no, last grade completed: _____

College: (List degree(s) or Certifications) _____



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FIRE COMPANY INFORMATION

What area are you applying for?

- Active Member: Junior (16-18 years old) ()
- Active Member: Fire (18 or older) ()
- Active Member: EMS (18 or older) ()
- Active Member: Admin (18 or older) ()

Have you ever been a member of any Fire/EMS Department or Company, volunteer or career? Yes_____ / No_____

If yes, Name of Department or Company:_____

Phone#_____ Fire Chief:_____

Years involved:_____

****Please provide copies of training certifications held****

Fire Certification #_____ Expires:_____

NREMT-B Certification#_____ Expires:_____

AED/CPR Certification#_____ Expires:_____

EMR Certification#_____ Expires:_____



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MEDICAL HISTORY

Do you have or have had any of the following;

Do you have any medical conditions that would prevent you from performing as a firefighter or EMT? Yes () No ()

If Yes to any of the above please explain: _____

Do you have any fear of heights? Yes () No ()

Are you Claustrophobic? Yes () No ()

Blood Type: _____

Organ Donor: Yes () No ()

Applicant's Signature: _____

Parent or Guardian: _____

Signature (If under 18)

Fire Company use only:

Date Contacted: _____

Date Interviewed: _____

Date Voted on: _____

6th Month review: _____

1 year review: _____

1.5 year review: _____

2 year review: _____



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Additional Information Sheet

