



Delaware Twp. Fire Department

3992 E. Broadway Ave.

Des Moines, IA 50317

P: (515)263-0076 F: (515)263-1092

Member Application Package

Thank you for your interest in becoming a member of the Delaware Township Fire Department. Volunteering is very demanding. It takes a lot of time and can be emotionally stressful. Please be sure that you can meet the commitment before you apply.

Please follow these steps to apply:

1. Fully complete the application
2. Sign the Certification and Agreement Form
3. Sign the Delaware Township Fire Department Service Commitment
4. Attach a copy of your Driver's License and driving record
 - a. <https://mymvd.iowadot.gov/Account/Login?ReturnUrl=%2fDrivingRecord%2fNonCertified>
5. Attach a copy of your criminal background with all known names
 - a. <https://iowacriminalhistory.iowa.gov/default.aspx>
6. Attach a copy of all your certifications, CPR card, and any other relevant training records.
7. For any questions please contact the Department at (515) 263-0076
8. Return the completed application package to:

Delaware Township Fire Department

ATTN: Applications

P.O. Box 267

Berwick, IA 50032-0267

The Delaware Township Fire Department does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.

Delaware Township Fire Department Member Application

Personal:

Name: _____ Date: _____
Last First Middle

Address: (Number & Street) _____
 (City, State, Zip Code) _____

Daytime Phone Number: _____ Evening Phone Number: _____

Desired start date: _____ E-mail Address: _____

Social Security Number: _____ Are you over 18 years old? ___ Yes ___ No

Education:

School	Years Completed (circle one)	Diploma/Degree Earned	List School(s), City/State
High School	1 2 3 4	Diploma: ___ Yes ___ No G.E.D.: ___ Yes ___ No	
College and/or Vocational School	1 2 3 4		
Other Training or Degrees			

Fire Certification (If you are not certified, please leave blank):

Attach Copy of All Certification(s)

Type of Certification(s) Held: _____

Professional Membership(s): _____

EMS Certification (If you are not certified, please leave blank):

Attach Copy of All Certification(s)

Type of Certification(s) Held: _____

Iowa Certification Number: _____ Expiration Date: _____

Professional Membership(s): _____

Record of Conviction:

Have you ever been convicted of a crime other than minor traffic offense? Yes No

If yes, fully explain: _____

(A conviction will not necessarily automatically disqualify you for membership. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Employment:

Please list employment history, with your current employer first (including U.S. Military Service), for the last 10 years. If any employment was under a different name, indicate name.

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment:

From	To
(Mo/Yr)	(Mo/Yr)

Supervisor: _____ Department: _____

(Circle one) FT PT No. of Hrs. per Week: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment:

From	To
(Mo/Yr)	(Mo/Yr)

Supervisor: _____ Department: _____

(Circle one) FT PT No. of Hrs. per Week: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment:

From	To
(Mo/Yr)	(Mo/Yr)

Supervisor: _____ Department: _____

(Circle one) FT PT No. of Hrs. per Week: _____

Duties: _____

Reason for Leaving: _____

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job, or resigned to avoid termination?

____ Yes ____ No If yes, explain: _____

Have you ever been an applicant or member of any fire or rescue agency? __ Yes __ No

If so, please state agency name, location, contact information, and dates of membership _____

Please describe any additional work experience, volunteering, community involvement, or training: _____

References:

Name: _____ Phone: _____
Address: _____ Relation: _____

Name: _____ Phone: _____
Address: _____ Relation: _____

Name: _____ Phone: _____
Address: _____ Relation: _____

Applicant's Certification and Agreement

- ▶ I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize the Delaware Township Fire Department, its Officers, and or the Delaware Township Trustees to verify their accuracy and to obtain reference information by contacting educational institutions, references or employers, and to rely on and use such information as they see fit.
- ▶ I hereby release the Delaware Township Fire Department, its Officers, and the Delaware Township Trustees from any/all liability of whatever kind and nature that, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of the Delaware Township Fire Department.
- ▶ I understand that, if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of the time of discovery, shall be considered sufficient basis for dismissal.
- ▶ I understand that should an offer of membership be extended to me and accepted that I will fully adhere to the policies, rules and regulations of the department. However, I further understand that neither the policies, rules, regulations of membership nor anything said during the interview process shall be deemed to constitute the terms of an implied contract for continued membership. I understand that any membership is for an indefinite duration and at will and that either I or the department may terminate my membership at any time with or without notice or cause.
- ▶ I understand that if I am offered membership, membership is conditioned upon my providing such other and further information as may be required by the Delaware Township Fire Department, its Officers, and or the Delaware Township Trustees.

Signature of Applicant

Date

Printed Name of Applicant

Department Use Only: Do not write in this space.

Application received by:	
Date application received:	Date of interview:
Date voted to membership:	Six months probation end date:



Delaware Township Fire Department Service Commitment

I hereby commit to:

- _____ Provide volunteer on call service including days, nights, weekends, and holidays and agree to meet the minimum attendance requirements as established by the Delaware Township Fire Department.
- _____ Attend required monthly business and training meetings.
- _____ Maintain Fire & EMS certifications and complete all required skills drills.
- _____ Comply with the standard operating guidelines, policies, and procedures of the department and the direction of the command staff at all times.
- _____ Maintain patient confidentiality.

I understand membership is at-will, and may be terminated at any time with or without cause by Delaware Township Fire Department, its Officers, and or the Delaware Township Trustees.

Signature of Applicant

Date