



## **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 completed and signed copy of the Criminal History Record Check, and Authorization for Release of Child and Dependent Adult Abuse Information forms
5. Attach a copy of your Driver's License
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



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: \_\_\_\_\_  
(if applicable)

Mail or Fax completed forms to:

**Iowa Division of Criminal Investigation**  
**Support Operations Bureau, 1<sup>st</sup> Floor**  
 215 E. 7<sup>th</sup> Street  
 Des Moines, Iowa 50319  
 (515) 725-6066  
 (515) 725-6080 Fax

Send results to:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Release Authorization:** Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

**\*\*\*This form (DCI-77) is the only approved release authorization form for this purpose.\*\*\***

**Release Authorization:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

**Release Authorization Signature:** \_\_\_\_\_

### Iowa Criminal History Record Check Results

(DCI use only)

As of \_\_\_\_\_, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # \_\_\_\_\_

DCI initials \_\_\_\_\_



### Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry                       Dependent Adult Abuse Registry                       Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address     Fax     Email

**Section 1: To be completed by the person or agency requesting the information.**

Requestor: Last Kellis	First Evan	Agency Name Delaware Township Fire Department	Telephone Number ( 515 ) 263-0076
Address PO Box 267			Fax Number ( 515 ) 263-1092
City Berwick	State IA	Zip Code 50032	Email EKellis@dtfd.net
List the name and address of the person whose information is being requested:			
Name (last, first, middle)		Birth Date	Social Security Number
Address	City	County	State      Zip Code
List maiden name, previous married names, and any alias:			
What is the purpose of your request for child or dependent adult abuse information? Fire Department Employment			
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.			
Signature of Requestor			Date

**Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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**Section 3: To be completed by the Central Abuse Registry or designee.**

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	