



## LEWES FIRE DEPARTMENT, INC.

P.O. Box 225 / 347 Savannah Road / Lewes Delaware 19958  
Station 1 (302) 645-6556 Fax (302) 645 8421 [www.lewesfire.com](http://www.lewesfire.com)

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### MEMBERSHIP APPLICATION (Short Form)

Applicants Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Membership Desired: (Check One) ☐ Firefighter ☐ EMT ☐ Fire Police  
☐ Administrative Position ☐ Auxiliary

Have you ever been a member of the Lewes Fire Dept, Inc. before? ☐ YES ☐ No

If yes, please note the dates: \_\_\_\_\_

Do you have previous experience? ☐ YES ☐ No

**NOTE:** You must have a clear criminal record in order to pass the Applicant Background Check.

Thank you for submitting your application. You will be contacted shortly by a member of the Departments Recruitment Team who will explain the requirements to join the department.

Thank you for your interest in joining our team.

Members of the Lewes Fire Department