

**APPLICATION FOR ENLISTMENT
HARBOR DEFENSES OF THE DELAWARE**

Source of Enlistment Application: _____
(This information to be supplied by recruiter or receiving officer. If physical location list name and rank of recruiter.)

PLEASE PRINT CLEARLY

Having been informed that any false statements made by me would bar me from enlisting, I certify that the following statements are true and correct:

Prior military service (Y/N): _____ Recruiting Station _____

Unit of enlistment (DENG) : HQ, 261 CA, Ft Miles _____
(Date) _____ (Year) _____

What is your trade? _____ I desire to enlist for 1 years.

Name in Full: _____ Gender: _____
(Last) _____ (First) _____ (MI) _____ (M/F) _____

Date of Birth: _____ Primary Phone: _____

Home Mailing Address: _____

City: _____ State: _____ ZIP: _____

Please provide a valid email address: _____
A VALID EMAIL ADDRESS IS REQUIRED FOR ENLISTMENT. APPLICATIONS WITHOUT AN EMAIL ADDRESS WILL BE REJECTED.

Have you applied to this organization in the past? _____ If yes, when? _____

Please indicate your availability: _____

Do you have any medical limitations that may interfere with this activity? _____ If yes, explain: _____

Please describe why you are interested in becoming a member of this organization: _____

Do you have any prior re-enacting experience? _____ If yes, with whom? _____

Please give a character reference and phone number: _____

Have you been convicted of a felony or class A misdemeanor? _____ If yes, describe: _____

EMERGENCY DATA (TO BE USED FOR IDENTIFICATION TAGS)

Emergency contact: _____ Relationship: _____

Complete address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____

Please select your blood type: _____ O _____ A _____ B _____ AB If no type is selected, O will be used.

I certify that the information presented is true and correct.

Upon signing, continue to Statement of Understanding on following page. _____>

(Applicant sign full name and date here)

APPLICATION FOR ENLISTMENT HARBOR DEFENSES OF THE DELAWARE

STATEMENT OF UNDERSTANDING

As a continuing member of this organization, please read and understand the following:

1. Volunteers perform service without compensation and are not considered employees of the State of Delaware. The State of Delaware nor the 261st CA will provide worker's compensation or any other insurance coverage for volunteers.
2. The State of Delaware or the 261st CA cannot guarantee volunteer placement. Every effort will be made to match applicants to opportunities based on the needs of the State and the Unit.
3. The State of Delaware and the 261st CA employ a screening process for all volunteers based on the nature of the volunteer work and involvement level of the participant. Volunteers handling sensitive data, collecting and handling revenues, contact with children or vulnerable populations, use or operation of equipment, machinery, or weapons, serving in supervisory or independent capacity, engage in the discharge or handling of black powder; or otherwise required by the State of Delaware will be required to undergo a Background Investigation conducted by the State of Delaware as part of the screening process.
4. Acceptance as a volunteer is contingent upon successful completion at all levels of screening.
5. The State of Delaware and the Unit reserves the right to reject a candidate for any reason with the State of Delaware in its sole judgement, determines will or may affect the best interests of the State of Delaware.

Furthermore, the State of Delaware reserves the right to withhold the reason(s) for such refusal.

6. The State of Delaware accepts the service of all volunteers with the understanding that such service is at the sole discretion of the State. Volunteers agree that the State may at any time, for any reason, decide to terminate the volunteer's relationship with the State. Volunteers may at any time, for any reason, decide to sever their relationship with the State of Delaware. Notice of such a decision should be communicated as soon as possible to the volunteer's supervisor.

7. BY SIGNING BELOW YOU ARE ACKNOWLEDGING THAT YOU UNDERSTAND AND AGREE TO THE ABOVE LISTED TERMS.

I, the undersigned agree to abide by the rules and regulations governing Fort Miles as they appear in the Regulations for Operation and Conduct of Garrison (HDDP1-001), Commanding Officers of the 261st Coast Artillery, and the State of Delaware and release them from any and all obligations.

I acknowledge that participating in events at Fort Miles can be hazardous (including but not limited to the use of black powder, explosives, heavy equipment, etc.) and that I have made a voluntary choice to participate in activities connected with Fort Miles. I agree to assume any and all risks of injury or death which may be associated with, or result from, my participation in the events and activities associated with it. I further release, waive, discharge and covenant not to sue the aforementioned parties from all liability for myself or any party claiming interest through myself for loss or damage or demand therefore on account of injury to the person or property or death of myself, whether caused by their negligence or for any other reason, while participating for, practicing for, traveling to or from, or participating in events at Fort Miles.

I understand that the operation of motor vehicles on Fort Miles grounds is subject to the Laws of the State of Delaware. I understand that I am required to carry insurance on these vehicles in accordance the laws of the state in which it is registered.

I consent to whatever medical care might be provided or available for injury occurring during activities at Fort Miles for myself

I have read and understand this release and all its terms and warrant that the above is true and correct in all respects and that no representations, statements, or inducements apart from the foregoing have been made.

APPLICANT SIGN FULL NAME HERE: _____

APPLICANT PRINT FULL NAME HERE: _____

DATE: _____