Membership Application

(Please print legibly, all information will be kept confidential)

Personal Information:

Name: Last		First	Middle		
Address: <u>s</u>	treet				
<u>C</u>	City	State	ZIP		
Home Pho	one:	Phone:			
Date of Bi	rth:	Social Security N	Number:		
Age:	Height:	Weight:	Citizenship:		
Drivers License Number:		State:	Class:		
E-Mail Ad	ldress:				
Have you	received the Hepatitis "B"	Vaccination? YES N	О		
Which po	osition will you be apply	ying for? (Check all that a	pply)		
	Firefighter – 18 years of	f age or older serving as a F	Firefighter		
	Junior Firefighter – 14-	Junior Firefighter – 14-17 years of age wishing to serve as a Junior Firefighter			
	Fire Police Officer – 21	Fire Police Officer – 21 years of age or older serving as a Fire Police Officer			
	Support Member – 14 y fundraisers	Support Member – 14 years of age or older serving in support capacities such as fundraisers			
	Social Member – 14 yea	ars of age or older serving i	n a non-active capacity		

Emergency Contact Information:

Name:	Relationship:	
Address: Street		
<u>City</u>	State	ZIP
Home Phone:	Phone:	
Name:		Relationship:
Address: Street		
<u>City</u>	State	ZIP
Home Phone:	Phone:	
Employer Information:		
Present Employer:	Phone:	
Employer Address: Street		
City	State	ZIP
Non-Family References:		
Name:	Phone:	Years Known:
Name:	Phone:	Years Known:

Previous Emergency Service Organizations: Name: ______ Phone: _____ Position: ______ Years Active: _____ Name: ______ Phone: _____ Position: _____ Years Active: _____ **Other Information:** Please List Any Relevant Trainings You Have Completed: Have you received any traffic citations, or been convicted of a misdemeanor or felony? Have you ever been convicted of the crime of Arson or sounding a false alarm? If yes explain:

Please read, understand, and sign the following statements: I, (signature required) ______, understand that the stated positions require demanding physical labor and it is my responsibility to keep myself in good health to meet those demands. I also understand that I may be required to do training on my own time and during station training nights to meet the requirements of my position. I, (signature required) ______, hereby certify that the statements made by me on this application are complete and true to the best of my knowledge and belief. I understand that any falsifications will be grounds for denial of membership or dismissal from membership. I, (signature required) ______, hereby apply for membership in the West Hempfield Fire & Rescue Company and, if accepted for membership, I will comply with the constitution, bylaws, station rules, standard operating guidelines, and the conduct expected of company members. Applicant Signature: _____ Date: ___ **If you, the applicant, are under the age of 18, a parent/guardian must fill out the information below** Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name:

Include the following with your application:

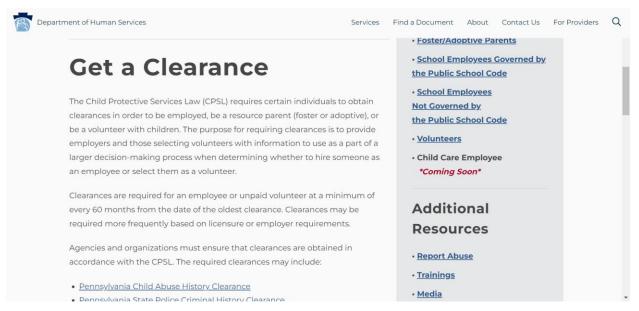
\$5.00 non-refundable application fee (covers two years of dues and administrative costs)
Copy of your drivers license
Hepatitis "B" documentation from your physician
Working Papers (Only needed for applicants under the age of 18)
Copies of all current training certificates
Copies of current volunteer clearances (See following page)
Copy of Federal Bureau of Investigations (FBI) Criminal History Clearance**

**Federal Bureau of Investigations (FBI) Criminal History Clearances do not need to be acquired if a Disclosure Statement Application for Volunteers form is filled out. This form is required to be signed by all applicants wishing to join the organization and will be filled out at the applicant's new member interview with the Membership Secretary acting as the witness. A copy of the form can be found at the following address:

 $\underline{https://www.dhs.pa.gov/KeepKidsSafe/Resources/Documents/Disclosure\%20Statement\%20for\%20}\\ Volunteers.pdf$

How to obtain Pennsylvania volunteer clearances

1. Visit https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/default.aspx and follow the links under the "Get a Clearance" section.



2. Click the first link titled "Pennsylvania Child Abuse History Clearance" and follow the steps on the page to obtain your first clearance. Make sure to fill out this form as a volunteer, you will know you have done this correctly if the fee is waived.



- 3. Return to https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/default.aspx
- 4. Click the second link titled "Pennsylvania State Police Criminal History Clearance" and follow the steps on the page to obtain your second clearance. Make sure to fill out this form as a volunteer, you will know you have done this correctly if the fee is waived.



PLEASE ONLY COMPLETE STEPS 5 AND 6 IF YOU HAVE NOT BEEN A RESIDENT OF PENNSYLVANIA FOR THE LAST 10 YEARS.

- 5. Return to https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/default.aspx
- 6. Click the third link titled "Federal Bureau of Investigations (FBI) Criminal History Clearance" and follow the steps on the page to obtain your third clearance. This clearance has a cost associated with it.
 - Pennsylvania Child Abuse History Clearance
 Pennsylvania State Police Criminal History Clearance
 Federal Bureau of Investigations (FBI) Criminal History Clearance (required for all employees and some volunteers)