



Senior Membership (18 Years or Older) Application

NORTH MIDDLETON TOWNSHIP VOLUNTEER FIRE COMPANY #1
2061 SPRING ROAD, CARLISLE, PA 17013
PH: 717-243-2701

Membership Application Instructions:

1. All Applicants over 18 years old must follow these instructions:
 - a. Fully fill-out the application and sign it.
 - b. Submit a PA criminal and child abuse background checks (*see below*).
 - c. Drop off the completed application, both of your background checks, and a **\$10, non-refundable application fee**. The fee can be paid in cash or a check made out to “North Middleton VFC”. Drop your application packet off in the station 2 drop box, to the duty driver or to any member of the Fire Company.

A member of the Membership Committee will contact you (*usually within 30 days after you have been voted and accepted as a member*) to arrange a meeting or orientation to explain some rules, show you around, and answer any questions or concerns you may have.

VOLUNTEER – (FREE) STATE REQUIRED BACKGROUND CHECK INSTRUCTIONS

1. Applicants who have resided in the Commonwealth continuously **for at least the past 10 years** (*others see paragraph 2*** below*) will be required to obtain a Pennsylvania State Police criminal background check clearance (*criminal history*), as well as a Child Abuse History Clearance from the Department of Human Services – **both are free because you are volunteering**.

A. PA criminal history check. Your criminal history request is submitted online and is fast and easy. Depending on your background, checks are usually returned within minutes or hours. Go to <https://epatch.state.pa.us/Home.jsp> and click on the “New Record Check” button (Volunteers Only) and follow the instructions. When asked for Volunteer Organization, provide North Middleton TWP – Fire Company 39 and the telephone number is 717-243-2701; the address is your home address. **(submit with application)**

B. Child Abuse History report. Your child abuse background check is also requested online, but email results could take days to weeks, again depending on your background. You will also receive a paper copy of the results of the history check, mailed to the address you included on the state’s form.

Link: <https://www.compass.state.pa.us/CWIS> and follow the instructions.

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2. ***Applicants who have resided in the Commonwealth **for less than 10 years** will be required to obtain a Pennsylvania State Police criminal background check clearance (*criminal history*), a Child Abuse History Clearance from the Department of Human Services, **and** an **FBI criminal background check clearance**, which requires fingerprinting. FBI checks and finger prints are at the cost of the applicant. Around \$50.00.
- Download Forms I-783 and FD-258. Form I-783 – Use to enter your personal details. ...
 - Find a Certified Fingerprint Office. If you are located near the Carlisle area there is a LiveScan office located in the Bosler Memorial Library 158 W High St, Carlisle, PA 17013

[FBI Criminal Background Check Form – Form I-783 | eForms – Fre...](#)

eforms.com/consent/background/fbi/

Check the Position You Are Applying for:

Firefighter: _____

Fire Police: _____
(traffic control and securing incident scenes)

Supporting Member: _____
(Office work/finances/grounds and maintenance)

Personal Information:

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____

Date of birth: ____/____/____ Home Phone: _____ Cell Phone: _____

Social Security Number: _____ Email Address: _____

Driver Information:

Driver's License Number: _____ Class: _____ Expiration Date: _____

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Emergency Contacts: (Active Firefighters / Fire Police only)

At least one emergency contact is required but three is recommended.

1. Last Name: _____ First Name: _____

Relation: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

If Applicable

2. Last Name: _____ First Name: _____

Relation: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

If Applicable

3. Last Name: _____ First Name: _____

Relation: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

Medical History: (Active Fire Fighter or Fire Police only)

Have you ever had any serious injuries or illness that could affect your ability to be a firefighter? (example - high blood pressure, diabetic problems, breathing problems, back or neck injury, etc.) **Yes:** _____ **No:** _____ If yes, please list the condition explaining what the illness is and any medications you are currently taking.

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History:

Have you ever been convicted of a crime other than a summary traffic offense? **Yes:** _____ **No:** _____ (A conviction includes a guilty or no contest plea, or verdict following a trial, and includes all misdemeanors and felonies in any jurisdiction at any time. Failure to disclose this information may be deemed cause for termination *(during probationary membership.)*)

Are you now, or ever have been, a member of another department or organization that provided first responder services (**fire, E.M.S. or similar service**)? **Yes:** _____ **No:** _____ (If yes, please list the department or organization, number of years a member and the fire chief, other officer, or supervisor's name and contact number)

Have you ever been disciplined or terminated at the department or organization stated above? **Yes:** _____ **No:** _____ (If yes, please explain the events and what penalty was given):

Are you a student currently in high school, trade school, or college? **Yes:** _____ **No:** _____ (If yes, please list name of school, school's address, major, and years attended):

Do you have any fire or EMS qualifications? **Yes:** _____ **No:** _____ (If yes, please make a photo copy of all qualifications. If copies cannot be made, we will assist you.) **** Also note, all copies will *not* be returned****

Current Employment:

Employer: _____ Name of Supervisor: _____

Address: _____

Phone Number: _____ Years Employed: _____ Shift: _____

Start and End Time of Your Regular Shift: _____ am/pm to _____ am/pm Hours: _____ per week

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Motivation:

Please explain why you are interested in becoming a member of the North Middleton Township Volunteer Fire Company #1.

References: Please list 3 references that are not related to you in any way and that you have not listed already.

1) Last Name: _____ First Name: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

2) Last Name: _____ First Name: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

3) Last Name: _____ First Name: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

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With my signature below, I hereby request consideration as an applicant for membership in the North Middleton Township Volunteer Fire Company #1; promising if elected into membership, to abide by the constitution, by-laws, and all rules and regulations. Any misstatement will be sufficient cause for removal from the membership. I also consent to a full background investigation by the Membership Committee of the North Middleton Township Volunteer Fire Company #1. I further certify that all information provided is true and correct to the best of my knowledge.

Applicant's Signature

Date

**** There is a \$10.00 administrative fee, non-refundable, to be paid when the application is submitted. ****

NORTH MIDDLETON TOWNSHIP VOLUNTEER FIRE COMPANY
APPLICATION FOR MEMBERSHIP

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h)(1) Arson and related offenses reads:

“A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No. 61), known as the State Fire Commissioner Act.”

All individuals making application for membership must provide documentation of a background check. Proof of a non-conviction **MUST** consist of either of the following:

- 1) An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

- 2) By dating and signing of the following statement by the person swearing to the following:

“I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa.C.S. 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00”.

Print Name of Applicant

Signature of Applicant

Date

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FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Application Received: _____ **Application Fee Received By:** _____

Date read at Meeting: _____ **Probation Member:** _____ **Approved** _____ **Denied**

Denial letter sent: _____ **Signed Company Roll:** _____

Driver's license check: _____ **PSP Background check:** _____

Child Abuse Background check: _____ **Meeting with Membership Committee:** _____

Company Brief: _____ **Beneficiary Form:** _____ **PPE:** _____ **IRA/Active 911:** _____

Probation period ends: _____ **Active Membership:** _____ **Approved** _____ **Rejected**

Termination letter sent: _____ **Termination date:** _____

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