

# Avondale Fire Company

23 Firehouse Way, Avondale, PA 19377 Phone (610) 268-2486



## MEMBERSHIP APPLICATION PACKET

## Membership Application Instructions – Please Read

You are applying for membership in the Avondale Fire Company. If you do not have access to the internet, either directly or through family or friends, assistance can be provided by the membership review committee.

Once you have completed the application, please assure you have completed the following important steps by following this checklist.

- ( ) Complete the application in ink or use the PDF fill in option before you print the application. **SIGN ALL FORMS.**
- ( ) Submit a request for a **FREE Pennsylvania Criminal History Background Check** online (SEE ATTACHED) Print the background check results and attach them to the application when you submit it. **Retain the original.**
- ( ) Submit a request for a **FREE Pennsylvania Child Abuse Clearance** online (SEE ATTACHED) Print the background checks results and attach them to the application when you submit it. **Retain the original.**
- ( ) If you have lived **in PA** for 10 or more years- complete the **Waiver Form** (ATTACHED); **OR** if you have lived **outside PA** within the past 10 years, including to attend college, you must request an **FBI Criminal History Record Clearance** online (SEE ATTACHED) The FBI Clearance has a cost of \$25.75 if required. Print the background check results and attach them to the application when you submit it. **Retain the original.**
- ( ) You will be required to obtain a NFPA physical before being allowed to ride on the apparatus. If you already have a NFPA physical please submit a copy with this application. There is no charge to you for the physical. The membership committee will give you the information you need to obtain a physical.
- ( ) If you are between 14 and 17 years old you do not need the above background checks and clearances. However you will need to submit a valid work permit and a parent or legal guardian's signature on the application. Work permits are available through your school district.
- ( ) If you are applying for membership, and already have specific emergency services training, please make copies of all certifications and course certificates and bring to your interview. Previous training is not required, but is helpful.
- ( ) Submit the completed application, copies of all background checks and applicable forms attached to this application packet to the Membership Review Committee or other officer **along with a nonrefundable fee of \$5.**

**Your submitted application will be reviewed by the membership review committee of the Avondale Fire Company in the following manner.**

1. Your background checks must be clear. If they are clear your application will proceed to step 2. If there are findings, background check will be sent to our lawyer for review.
2. Interview will be conducted by a person from the Membership Review Committee.
3. The committee will then contact your references. Your application will then be made public at the next business meeting of the fire company. The fire company meets on the second Tuesday of the month at 7:00 PM.
4. If any member has concerns about your application they will notify the review committee. The committee will investigate the concerns if any and then form their recommendation as favorable or unfavorable for membership.
5. If approved the membership committee's recommendation will be made public at the next meeting of the Fire Company and a first vote by the members will be taken.
6. After your first vote you will be accepted as a probationary member for a period of six months. At the conclusion of your probationary six month period your name will be brought up for its six month vote. If your application is not approved you will be notified. You may reapply after a period of one year.

**Applicant, retain this page for your records.**

\_\_\_\_\_  
Name of person receiving your application

\_\_\_\_\_  
Signature of person receiving your application

\_\_\_\_\_  
Date handed in

Date Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_

**APPLICATION FORM**

Applicant's Full Name \_\_\_\_\_  
First Middle Last

Applicant's Current Address \_\_\_\_\_  
House # Street City State Zip

How long have you lived at your present address? \_\_\_\_\_

Applicants Contact Info: Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Driver License:  Yes  No License Number: \_\_\_\_\_ State: \_\_\_\_\_

Circle type of membership requested: Active Junior/Mascot Social

I am physically and mentally able to perform emergency response duties? ( ) Yes ( ) No IF NO, explain \_\_\_\_\_

I am at least 18 years of age ( ) Yes ( ) No **IF NO, a valid work permit must be included with the application.**

Have you ever been a member of any fire company in any jurisdiction? ( ) Yes ( ) No

If yes, please list where, when and whether membership is current \_\_\_\_\_

**Have you ever been convicted of a crime ( ) Yes ( ) No - IF YES, please explain type of crime, date of crime and case disposition:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY SERVICE TRAINING CERTIFICATION or EDUCATION: (Bring all of your Training and Certifications to your interview )**

- Fire I Date Completed \_\_\_\_\_
- Fire II Date Completed \_\_\_\_\_
- EMT Date Completed \_\_\_\_\_
- Water Rescue Date Completed \_\_\_\_\_
- Other Date Completed \_\_\_\_\_

**EMPLOYMENT HISTORY: (List current employer first, then previous employer)**

Employer \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Position / Duties: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Position / Duties: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL REFERENCES:** - Please list three references for verification which are not related to you.

Name \_\_\_\_\_ Member of another fire company? \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Member of any fire company? \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Member of any fire company? \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Email \_\_\_\_\_

**CURRENT MEMBER RECOMMENDATION (Not Required):**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship \_\_\_\_\_ Date: \_\_\_\_\_

**BENEFICIARY:**

Please list a beneficiary for member line of duty death benefits should you be accepted into membership:

Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

**APPLICANT SIGNATURE:**

**I realize the Avondale Fire Company is not a social club and that as a member I will be required to give freely of my time to attend meetings, emergencies, training, work details, and/or fundraisers. If this application should be approved, I faithfully agree to obey and comply in all respects with the constitution, by-laws, rules, guidelines and usages of the fire company.**

**By signing this application, I confirm that all of the information contained herein is true and correct to the best of my knowledge and that no intentional omission of requested information has occurred. Furthermore, I indicate by my signature below, that I grant permission for representatives of the Avondale Fire Company to contact individuals, employers, educational and any other entities which become known through this verification process for the purpose of background verification. It is my clear understanding that this application may or may not result in membership in the Avondale Fire Company and that the presence of criminal history or child welfare violations, and/or any false information included in the application, will preclude further processing of this application for membership and my application for membership will be denied.**

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Printed Name**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

(Required only if applicant is less than 18 years of age and Applying for Junior Membership)

# BACKGROUND CHECK INSTRUCTIONS

## PA Criminal History Clearance (free for volunteers)

1. Go to <https://epatch.state.pa.us/> and select "New Record Check (Volunteers Only)", located in the center of the webpage, to Initiate the application.
2. Read and accept the Terms and Conditions by checking the box at the bottom indicating that you are making this request as an unpaid volunteer and hit accept.
3. Complete the personal information form and select "Next".
4. Confirm information and choose "Proceed" when satisfied.
5. Complete the Record Check Request Form and select "Enter This Request". Choose "Finished" to submit.
6. Once the application is submitted, make sure to save the Request Date and the Control Number that is provided. This information is needed for retrieving the clearance in the future and should be stored in your personal records.
7. Once the application has been submitted, results will be returned in one of two methods:
  - a. **Method 1** - Results posted immediately online:
    - i. Once the application has been submitted, if the status states "**No Record**", your results have been completed and are posted online.
    - ii. To print a copy of the results, click on the link under the control #, click on "Certification Form" and print it.
  - b. **Method 2** - Results not posted immediately
    - i. Once the application has been submitted, if the status states "**Request under Review**", your results are still being processed and will take 2 to 4 weeks to be returned. Results can be listed as under review for a variety of reasons: common name, previous criminal history, etc.
    - ii. To monitor the status of your request, go to <http://epatch.state.pa.us/> and select "Check the status of a Record Check". You will need the Control Number, First Name, Last Name, Date of Request (please note this information must be entered exactly as you did on your original application).
    - iii. If results indicate "No Record", proceed as indicated in Method 1 above. If results indicate "Record", your Act 34 clearance will be mailed to the address you provided.

## PA Child Abuse Clearance (free for volunteers)

1. Go to <https://www.compass.state.pa.us/cwis> and select "Create Individual Account"
2. Create a Keystone ID account
  - a. Once created, you will receive an email confirmation and temporary password - you must wait until you receive this information before moving forward with your application
  - b. Click on the Child Welfare Portal link within your email or return to <https://www.compass.state.pa.us/cwis>
3. Select "Individual Login"
4. Select "Access My Clearances"
5. Select "Continue" after scrolling down to the bottom of the page
6. Re-enter your Keystone ID and temporary password; you will be prompted to create a permanent password
7. Once your permanent password is created, you will be redirected back to the login page; enter your new password and Keystone ID
8. Agree to the Terms and Conditions
9. Scroll to the bottom of the page and click "Continue"
10. Select "Create Clearance Application"
11. Follow the instructions outlined on the website to complete the application – use "Volunteers Having Contact with Children" as your application purpose.
12. Select "Finalize and Submit Application"
13. You will receive a confirmation email once your application has been successfully submitted (save this confirmation email for your personal records as proof of submission)
14. The PA Department of Human Services will process your application and you will receive an email notification of the outcome within 14 days. You can review the submitted application at any time through your Child Welfare Account login
15. Once you receive an email of your results, print a copy.

## **FBI Criminal History Record Clearance (Fee \$25.75)**

**ONLY REQUIRED FOR APPLICANTS WHO HAVE LIVED OUTSIDE PA WITHIN THE LAST 10 YEARS**

**If you have lived in Pennsylvania for 10 years please fill out the waiver and attach.**

1. It is important to note that the FBI clearance is a fingerprint-based background check that is a **multi-step process**. You must complete the application **and** complete the fingerprinting process.
2. You must register **prior** to going to the fingerprinting site.
3. Go to [www.pa.cogentid.com](http://www.pa.cogentid.com)
4. Select "Department of Human Services (DHS)" on the main page.
5. Select "Register Online" under the registration section.
6. You have the choice to pay the fee online using a debit or credit card or at the fingerprinting site using money order or cashier's check made payable to "3M Cogent". No cash or personal checks will be accepted.
7. The "Reason Fingerprinted" is "Employment with a Significant Likelihood of Regular Contact with Children".
8. Once registration is completed, print the "ticket" and proceed to the fingerprinting site of your choice for fingerprinting.
9. The locations and hours of operation can be found by clicking on "Find a Fingerprint Location" under the "Useful Links" on the main page of the website.
10. You will need to take a state or federal photo ID to the Fingerprinting site.
11. All ten fingers will be scanned and transmitted to the FBI. The process should take no longer than 5 minutes.
12. The Department of Human Services will receive the Federal Criminal History Record from the FBI and return the record to you via mail within 10 days.
13. If you do not receive your results within 10 days, contact the Department of Human Services at 717-783-6211.
14. Once you receive this record, make a copy for your application.

## **Work Permit Information:**

**Is only required for applicants 14 – 17 years old.**

Your school district is responsible for issuing work permits to all minors who reside in the district including those who attend non-public schools, cyber charter schools, or are participating in a home education program. Contact your school district to find out which building you should go to and what hours the issuing officer is available.

*Avondale, PA 19311  
Station: 610-268-2486 • Fax: 610-268-3573  
EMS Fax: 610-268-8069*

Letter Alternative to Federal Clearance/Finger Printing (Ace 114)

To Whom It May Concern,

I, \_\_\_\_\_, have  
Continuously resided in Pennsylvania for 10 years and swear in writing that I have never been  
convicted of a disqualifying crime in the state of Pennsylvania, or the corresponding offenses  
under the laws of any other jurisdictions.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

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