



Westfall Township Volunteer Fire Dept, Inc.

~ Membership Application Process ~

P.O. Box 154 • MATAMORAS, PA 18336 • PHONE 570-491-4717 • FAX 570-491-2788

Dear Applicant,

We thank you for your interest in the Westfall Township Volunteer Fire Dept, Inc. This letter will inform you about the process in becoming a member. The Membership Application should be printed and filled out completely in order to start the application process.

All applicants for Membership must be 16 years of age as of the date of the application. Applicants under the age of 18 are required to have a parent(s) or guardian(s) signature in the Parental Consent section of the application as well as supply working papers.

The Membership Application along with your first year's membership dues of \$10.00 as well as the \$10.00 background check fee should be dropped off at the fire station or mailed to the address above. Checks should be made payable to the Westfall Twp. Vol. Fire Dept, Inc. Note: Junior Members only pay \$5.00 membership dues.

All applicants must complete a Pennsylvania State Police Background Check. (See Attached Form SP 4-164) To expedite the background check, you may also go to <https://epatch.state.pa.us> to complete an online background check. Applicants that complete the background check online may waive the \$10.00 application fee.

Upon receipt of the completed application, your application for membership will be read at the next monthly business meeting. Business meetings are held the second Tuesday night of each month beginning at 7:00pm.

The membership committee will then:

- Contact your references
- Run a background check
- Interview you
- Contact any previous departments of which you were a member
- Collect letter of recommendations from previous departments
- Collect your training documents
- Report their findings with a recommendation to the membership at the following business meeting.

Applicants are encouraged to attend Thursday night training sessions which begin at 7:00pm.

Further questions about the application process may be directed to the President at president@westfallfire.com or by calling the fire station at the number listed above.

Thank You,
The Members of the Westfall Township Vol. Fire Dept, Inc.



Westfall Township Volunteer Fire Dept, Inc.

~ Application for Membership ~

FEES: FIRST YEARS DUES: \$10.00 BACKGROUND CHECK: \$10.00 TOTAL OF \$20.00

A: PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Date of Birth: _____ Place of Birth: _____ Soc. Sec. No: _____
 Emergency Contact: _____ Phone Number: _____ Relationship: _____

B: EMPLOYMENT

Current Employer: _____ Address: _____
 Phone No: _____ Position held: _____ Length of Employment: _____
 Supervisors Name: _____ Are you able to leave work for emergency incidents? _____

C: DRIVING RECORD

Drivers License No: _____ State: _____ Class of License: _____ Restrictions: _____
 Have you had any moving violations within the last 3 years? (If yes, please explain): _____
 Do you currently have points on your license? (If yes, how many): _____ Please provide a photo copy of your license
 Vehicle Information Year: _____ Make: _____ Model: _____ Lic Plate: _____

D: COURT RECORD - IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

Have you ever been convicted, imprisoned or placed on probation for violation of any law or police ordinance, including an offense that constitutes the crime of "arson and related offenses" under Pa. C.S. § 3301, or any similar offense under any Federal or State Law? Yes: _____ No: _____ Please note that the Westfall Township Vol. Fire Dept, Inc. requires all applicants to provide a Pennsylvania State Police Criminal Check. (See Attached Form SP-4-164)

E: AREAS OF INTEREST / EXPERIENCE

Indicate which areas that you are interested in serving: Firefighter EMT Fire Police Administrative

Do you have any particular job skills or areas of expertise that could benefit the Company? _____

Have you ever been a member of a Fire, Ambulance, or any other Emergency Services Organization? Yes: _____ No: _____

Organization	From (Mo / Yr)	To (Mo / Yr)	Positions Held	Reason for Leaving

Please provide with your application, a written recommendation on company letterhead from an officer of any named department.

Have you received training in Firefighting, CPR, First Aid, EMT, SCUBA, Haz-Mat, Etc? Yes: _____ No: _____

Name of Training Course	State Certified Y/N	Date of Completion	Location

F: MEDICAL HISTORY

Do you have or are you aware of any Handicap or Illness which would affect your ability to serve in the capacity to which you are applying? Yes: _____ No: _____ Condition: _____

If yes, it will be necessary for you to supply a letter from your doctor indicating that the condition will not impair your ability to serve in the position for which you are applying. Please complete the attached Annual Medical Statement Form. This information is very important for our records. Members taking part in active firefighting activities may sometimes be faced with situations that take a physical toll on the human body. By having this information on file, The Westfall Township Vol. Fire Dept, Inc. will better understand the physical capabilities of the members and will also be able to use this information in cases of emergencies.

G: REFERENCES

Please list three non-relative people, who are familiar with you and have known you for at least 5 years that we may contact.

Name: _____	Phone No: _____	Email Address: _____
Address: _____	City: _____	State: _____ Zip: _____ Yrs Known: _____
Name: _____	Phone No: _____	Email Address: _____
Address: _____	City: _____	State: _____ Zip: _____ Yrs Known: _____
Name: _____	Phone No: _____	Email Address: _____
Address: _____	City: _____	State: _____ Zip: _____ Yrs Known: _____

H: PARENTAL CONSENT - TO BE COMPLETED BY APPLICANTS UNDER THE AGE OF 18

Mothers / Guardian Name: _____ Fathers / Guardians Name: _____

As a Parent / Legal Guardian, I hereby give my permission for _____ to become a member of the Westfall Township Vol. Fire Dept, Inc. Signature: _____ Printed: _____ Date: _____

I: AUTHORIZATION

I hereby certify that I am the above named applicant, that all information stated on this application is true and correct to the best of my knowledge and hereby authorize the Westfall Township Vol. Fire Dept, Inc. to investigate this application for membership by contacting individuals and organizations, including law enforcement agencies, to obtain information from their confidential files. I understand that the discovery of any misrepresentation or omission may be a cause for denial of membership.

Applicant Signature: _____ Date: _____

FOR OFFICIAL FIRE DEPARTMENT USE ONLY

Application Submitted: _____ 1st Reading: _____ 2nd Reading: _____

<u>Investigation</u>	<u>Files Received</u>	<u>Investigating Committee Signatures</u>
<input type="checkbox"/> Interview by Committee	<input type="checkbox"/> Copy of Drivers License	1. _____
<input type="checkbox"/> References Contacted	<input type="checkbox"/> Copy of Background Check	2. _____
<input type="checkbox"/> Collected Application Fee	<input type="checkbox"/> Recommendation Letter / Previous FD	3. _____
<input type="checkbox"/> Certificates / Training Rec	<input type="checkbox"/> Working Papers / Report Card	4. _____

We the Investigating Committee, recommend the applicant for membership. Yes: _____ No: _____ Date: _____

Results of Membership Vote: Yes: _____ No: _____ Abstain: _____ Probationary Period Ends: _____

Notes: _____

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

NAME/ REQUESTER	Westfall Twp. Vol. Fire Department, Inc.
ADDRESS	P.O. Box 154
CITY/STATE/ ZIP CODE	Matamoras, PA 18336

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 Local Number 717-425-5546 1-888-QUERYPA (1-888-783-7972) DO NOT SEND CASH OR PERSONAL CHECK
CHECK ONE BLOCK
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

NAME/SUBJECT OF RECORD CHECK (FIRST)						(MIDDLE)			(LAST)						
MAIDEN NAME AND/OR ALIASES						SOCIAL SECURITY NUMBER						DATE OF BIRTH (MM/DD/YYYY)		SEX	RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests \$10.00
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

<input type="checkbox"/> INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.		
<input type="checkbox"/> ADOPTION (DOMESTIC) <input type="checkbox"/> ATTORNEY <input type="checkbox"/> BANKING <input type="checkbox"/> BAR ASSOCIATION <input type="checkbox"/> CHURCH <input type="checkbox"/> CHILD CARE <input type="checkbox"/> EDUCATION <input type="checkbox"/> ELDER CARE <input type="checkbox"/> EMERGENCY MANAGEMENT	<input type="checkbox"/> EMPLOYMENT/SCREENING <input type="checkbox"/> FOSTER CARE <input type="checkbox"/> HEALTHCARE <input type="checkbox"/> HOUSING <input type="checkbox"/> INSURANCE LICENSE <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> NURSE AID TRAINING <input type="checkbox"/> OTHER _____	<input type="checkbox"/> PASSPORT <input type="checkbox"/> PRIVATE INVESTIGATIONS <input type="checkbox"/> SOCIAL SERVICES <input type="checkbox"/> TENANT CHECK <input type="checkbox"/> VISA <input checked="" type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER <input type="checkbox"/> VOLUNTEER

<input type="checkbox"/> ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.) AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.
