

Membership Application Instructions – Please Read

You are applying for membership in Glade Township Volunteer Fire Department.

Once you have downloaded and completed the application, please assure you have completed the following important steps.

- () Complete the application legibly and in ink.
- () 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 check 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 Volunteer Affidavit (SEE ATTACHED); OR if you have lived outside PA within the past 10 years, you must request an FBI Criminal History Record Clearance online (SEE ATTACHED) The FBI Clearance has a cost of \$23.00 (through DHS) if required. Print the background check results and attach them to the application when you submit it. Retain the original.
- () If you are applying for membership, and already have specific emergency services training, please attach all certifications and course certificates to your application. 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 Glade Township Municipal office building OR an appropriate department membership committee person.
- () The department will conduct a background check in accordance to our specific organizational structure.
- () You should expect to be called for an interview with the respective department membership committee or investigation committee and know that all of your references will be checked thoroughly.
- () Your application is subject to review by the Fire Chief of Glade Township Volunteer Fire Department (or designee)
Incomplete application submissions will not be acted upon.
- () If approved, you will be assigned a membership category by the department, entered into the personnel records management system and be introduced to the volunteer training program.
- () You will be asked, if approved for membership, to complete a demographic form and to designate a beneficiary for benefits carried on active emergency responders by our department and the Glade Township Volunteer Fireman's Relief Association.

Applicant, retain only this page for your records

Name of person receiving your application

Signature of person receiving your application

Date Handed In

DATE OF APPLICATION: _____

Full Name LAST _____ FIRST _____ MI _____

Current Address _____

Contact Info: Home Phone: _____ Cell Phone: _____ Email: _____

I am at least 18 years of age () Yes () No

Have you ever been a member of any fire department 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: _____

EDUCATION HISTORY:

High School Attended _____ Did you graduate? _____ GED _____

College Attended _____ Did you graduate? _____ Major _____

Technical School Attended _____ Did you graduate? _____ Major _____

EMERGENCY SERVICE TRAINING CERTIFICATION or EDUCATION (Please Attach all Training and Certifications)

Course/Program _____ Date Completed _____

EMPLOYMENT HISTORY (List current employer first, then previous employers)

Employer _____ Dates: From: _____ To: _____

Position / Duties: _____

Employer _____ Dates: From: _____ To: _____

Position / Duties: _____

Employer _____ Dates: From: _____ To: _____

Position / Duties: _____

Employer _____ Dates: From: _____ To: _____

Position / Duties: _____

PERSONAL REFERENCES - Please list five references for verification which are not related to you.

Name _____	Member of any fire department? _____	
Relationship _____		
Address _____		
Telephone Daytime _____	Evening _____	Email _____
Name _____	Member of any fire department? _____	
Relationship _____		
Address _____		
Telephone Daytime _____	Evening _____	Email _____
Name _____	Member of any fire department? _____	
Relationship _____		
Address _____		
Telephone Daytime _____	Evening _____	Email _____
Name _____	Member of any fire department? _____	
Relationship _____		
Address _____		
Telephone Daytime _____	Evening _____	Email _____
Name _____	Member of any fire department? _____	
Relationship _____		
Address _____		
Telephone Daytime _____	Evening _____	Email _____
Name _____	Member of any fire department? _____	
Relationship _____		
Address _____		
Telephone Daytime _____	Evening _____	Email _____

APPLICANT SIGNATURE:

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 Glade Township Volunteer Fire Department 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 of the Glade Township Volunteer Fire Department 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 your application for membership will be denied.

Applicant's Printed Name	Applicant's Signature	Date
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Parent's Printed Name	Parent's Signature	Date
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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 select 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 pass word 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 \$23.00 DHS)

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

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
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.

VOLUNTEER AFFIDAVIT**GLADE TOWNSHIP VOLUNTEER FIRE DEPARTMENT**

DATE 10/10/2018

VOLUNTEER AFFIDAVIT

(Submitted in Lieu of Fingerprint-based FBI Clearance pursuant to 23 Pa.C.S.A. §6344.2(b.1))

I _____ swear/affirm that I am seeking a volunteer position and AM NOT required to obtain a certification through the Federal Bureau of Investigation, as:
• The position I am applying for is unpaid; and
• I have been a resident of Pennsylvania during the entirety of the previous ten-year period

I swear/affirm that I have never been named as a perpetrator of a founded report of child abuse as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25 (relating to criminal homicide)

Section 2702 (relating to aggravated assault)

Section 2709 (relating to stalking)

Section 2901 (relating to kidnapping)

Section 2902 (relating to unlawful restraint)

Section 3121 (relating to rape)

Section 3122.1 (relating to statutory sexual assault)

Section 3123 (relating to involuntary deviate sexual intercourse)

Section 3124.1 (relating to sexual assault)

Section 3125 (relating to aggravated indecent assault)

Section 3126 (relating to indecent assault)

Section 3127 (relating to indecent exposure)

Section 4302 (relating to incest)

Section 4303 (relating to concealing death of child)

Section 4304 (relating to endangering welfare of children)

Section 4305 (relating to dealing in infant children)

Section 5902(b) (relating to prostitution and related offenses)

Section 5903(c) (d) (relating to obscene and other sexual material and performances)

Section 6301 (relating to corruption of minors)

Section 6312 (relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state:

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate.

The cost of clearances shall be borne by the Glade Township Fire Department.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____

Glade Township Volunteer Fire Department

Training Class Payment Policy

- The Chief will authorize a student to be eligible to take a class being paid for by Glade Township Volunteer Fire Department.
- The Department will pay for the student to take the class - pass or fail - upon completion.
- Members who do not finish the class will be responsible to re-pay for the class in full. A minimum payment of \$25.00 due on the 1st day of each month will be required until paid in full.
- If the member does not pay within the specified time frame, he or she will be required to turn in all of their gear and key until the debt is paid in full.
- When debt is paid in full, the member will return to their previous member status.
- A case by case assessment will be made by the Trustees to determine if payment will be waived in the case of illness, injury or other type of extreme circumstance.

Member Name (print) _____

Member signature _____

Officer Witness _____

FOR INTERNAL USE ONLY

CANDIDATE - INVESTIGATOR CHECKLIST

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____

Applicant Name: _____ Email: _____

PROOF OF PAYMENT ATTACHED: () YES () NO () N/A VERIFIED BY: _____

() APPLICANT IS AN ADULT

() PA Criminal History Clearance attached to application and has been reviewed by: _____

() PA Child Abuse Clearance attached to application and has been reviewed by: _____

() FBI Criminal History Record Clearance attached to application or Volunteer Affidavit and has been reviewed by: _____

() APPLICANT IS A JUNIOR – Age 14 – 17 years of age

() Parent Permission Signature has been verified on the application before processing by: _____

() Applicant has provided a valid work permit attached to the application verified by: _____

MEMBERSHIP INVESTIGATION COMMENTS

() Membership Investigator has completed background reference checks on this date: _____

Reference Comments: _____

() Membership Investigator has completed candidate interview on this date: _____

Interview Comments: _____

MEMBERSHIP INVESTIGATION RECOMMENDATION

() Candidate is NOT recommended for Membership – Background Check Failure / Falsification of Application

() Candidate is recommended for Membership – Background Check / Reference Checks are Favorable

Recommended for Membership Class: (As determined by company/dept)

() Junior 14-15 () Junior 16 -17 () Probationary AR () Probationary NR () Social () Auxiliary () Booster

Investigator Name (Printed)

Investigator Signature

Date