

# Orwigsburg Fire Department Application for Junior Membership

Please complete the entire application. Incomplete applications will be returned to the applicant and will not be considered until completed. Please print legibly or type.

## **I. Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

## **II. Parent or Legal Guardian Information:**

Father's Name (or Legal Guardian): \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **III. Consents**

#### **Parental Permission:**

I consent to my son or daughter applying for membership as a Junior Firefighter in the Friendship Hose Co. #1, Orwigsburg, Pa. I realize that while the activities of a Junior Firefighter are limited by both the regulations of the Fire Department and by the Laws of the Commonwealth of Pennsylvania, the scene of any emergency is a dynamic and dangerous location. The very presence of Firefighters at an emergency scene and the activities required during the conduct of fire and rescue operations, by their very nature, are subject to great risk, possibly leading to serious injury or death. While every effort is made to provide for the safety of all of our members, no guarantee can be made that my son / daughter will be safe from harm.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

#### **Criminal Background Check:**

I consent to the Friendship Hose Co. #1, Orwigsburg, Pa. conducting a Criminal Background Check of my son or daughter including a review of their driving record as a condition of membership.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

#### **High School Record:**

If he or she is currently enrolled in High School, I consent to the Friendship Hose Co. #1, Orwigsburg, Pa. contacting school officials and confirming that my son / daughter is a student in good standing and has not presented any serious disciplinary problems to the School.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

**IV. References**

Please provide the name, address and phone numbers of three adults who can be contacted to provide a reference for you. Only one of the three may be a relative. References may include adult friends, teachers, coaches, clergy, employer or members of our Department.

Reference #1

Name: .....

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reference #2

Name: .....

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reference #3

Name: .....

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**The following items must be submitted with your completed application:**

- **Copy of most recent High School Report Card.** Junior members are required to maintain passing grades at all times during the school year. Your application will not be accepted if there are any failing grades on your current report card. Once you are accepted as a Junior Member, you will be required to present your Report Card to the Fire Chief at the conclusion of each marking period. If at any time you have a failing grade on your report card, your membership is suspended for 6 weeks, until the next report is issued confirming that the grade has improved. If you have graduated from High School, a copy of your Diploma must accompany the application.
- **Copy of Completed Pennsylvania Work Papers.** The Work Papers can be obtained from the High School.
- **Copy of Pennsylvania Drivers License**

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

**FOR CENTRAL REPOSITORY USE ONLY  
(LEAVE BLANK)**

**PART I: TO BE COMPLETED BY REQUESTER  
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)**

DATE OF REQUEST

**\*\*\* TYPE OR PRINT LEGIBLY WITH INK \*\*\***

**NOTE:** IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

**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.

REQUESTER NAME			
ADDRESS			
CITY	STATE	ZIP	

**CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)**

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

**REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)**

- 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.
- FEE EXEMPT NONCRIMINAL JUSTICE AGENCY
- \*\*\* DO NOT SEND CASH OR PERSONAL CHECK \*\*\***

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

**REASON FOR REQUEST (CHECK ONE BLOCK)**

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING)     ELDER CARE     CHILD CARE     SCHOOL DISTRICT
- ADOPTION/FOSTER CARE
- OTHER (SPECIFY)

**ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY**

- INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE—ENTIRE CRIMINAL HISTORY (AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

<p><b>REQUESTER CHECKLIST</b></p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?</p> <p align="center"><b>*** DO NOT SEND CASH OR PERSONAL CHECK ***</b></p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p><b>AFTER COMPLETION MAIL TO</b></p> <p align="center"><b>PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday – Friday)</b></p>
--	---

**PART II: CENTRAL REPOSITORY RESPONSE ONLY** **\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\***

<p><b>INFORMATION DISSEMINATED</b></p> <p><input type="checkbox"/> NO RECORD    <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p>	<p><b>INQUIRY DISSEMINATED BY</b></p>	<p><b>SID NUMBER</b></p>
<p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.</p> <p><input type="checkbox"/> NAME    <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH    <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX    <input type="checkbox"/> MAIDEN/ALIAS NAME</p>	<p><b>CERTIFIED BY</b></p> <p align="center">(DIRECTOR, CENTRAL REPOSITORY)</p>	

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.