

FRIENDSHIP HOSE COMPANY #1
POST OFFICE BOX 205
ORWIGSBURG, PA 17961
570-366-1500

MEMBERSHIP APPLICATION

membership@orwigsburgfire.com

INSTRUCTIONS

- (1) Type or print clearly.
- (2) Complete the personal information section and have three other individuals complete the reference section on the bottom of this form. (Only one reference may be a company member.)
- (3) Place the completed application and forms, along with \$8.00 payable by check or money order, (\$3.00 proposition fee and \$5.00 for the first years dues) in a sealed envelope addressed to:

Friendship Hose Company #1
Attn: Membership Secretary
PO Box 205
Orwigsburg, PA 17961

NOTICE: Incomplete applications (including Criminal Background and Child Abuse forms) **will not** be eligible for consideration and will be returned to the applicant. Child Abuse History Clearance and Criminal background checks will be performed on all new members at the OFD's expense. There is a one month waiting period from the time this application is presented until a new member can be accepted. Regular Fire Company meetings are held the first Thursday of each month at 8:00 P.M.

PERSONAL INFORMATION:

NAME	PHONE#	DATE OF BIRTH	
STREET ADDRESS		CITY	STATE ZIP
SS#	DRIVER'S LICENSE#	OCCUPATION	BENEFICIARY

PERSON TO NOTIFY IN CASE OF EMERGENCY: (INCLUDE ADDRESS AND PHONE#)

EMAIL ADDRESS

REFERENCES

1.	NAME	PHONE#
2.	NAME	PHONE#
3.	NAME	PHONE#

PAST AFFILIATIONS (VOLUNTEER ORGANIZATIONS):

NAME OF ORGANIZATION	CONTACT PERSON/TITLE	PHONE#
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MEMBERSHIP SECRETARY ONLY:

DATE PROPOSED	DATE VOTED ON	ACCEPTED	REFUSED	SIGNATURE
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**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)

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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)

REQUESTER CHECKLIST

- DID YOU ENTER THE FULL NAME, DOB, AND SOC?
- DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?
- *** DO NOT SEND CASH OR PERSONAL CHECK *****
- DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?

AFTER COMPLETION MAIL TO

**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)**

PART II: CENTRAL REPOSITORY RESPONSE ONLY

*****DO NOT WRITE BELOW THIS LINE*****

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

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.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER		
AGE	DATE OF BIRTH	DAYTIME PHONE NO.
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)	(FIRST, MIDDLE, LAST)	(FIRST, MIDDLE, LAST)
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PURPOSE OF CLEARANCE (Check ONE block ONLY)

<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> VOLUNTEERS-A copy of your PROCESSED 'Request for Criminal Record' (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).	<input type="checkbox"/> CWEP (Community Work Experience Program Participant)
<input type="checkbox"/> FOSTER CARE		
<input type="checkbox"/> ADOPTION		
<input type="checkbox"/> SCHOOL		

SIGNATURE OF CAO REP _____ CAO PHONE NO _____

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1.
2.
3.
4.

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II RESULTS OF HISTORY CHECK

<input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.	<input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).
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STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER _____ DATE _____ VERIFIER'S SUPERVISOR _____ DATE _____

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

VERIFIER_____
DATE_____
VERIFIER'S SUPERVISOR_____
DATE