

NEMACOLIN VOLUNTEER FIRE COMPANY

441 ROOSEVELT BLVD.

PO BOX 200

NEMACOLIN, PA 15351

724-966-7408

APPLICATION FOR MEMBERSHIP

I understand that I should meet all the minimum qualifications and be accepted for 1 (one) year probationary period. During which in the first 6 (six) months applicant must engage in at least 1 (one) fire company sponsored activity. I must also complete and pass a Pennsylvania State Certified training course, CPR course, or EMT basic course or have completed any of the above and currently hold an EMT certification. Membership will vote to continue probation. If no training is available during the first 6 (six) months applicant must request an extension to obtain a class in the next 6 (six) months and be completed. In the second 6 (six) months applicant must participate in 50 (fifty) percent of fire company activities. After 1 (one) year membership will vote on full membership if all obligations are met.

Fire company dues are fifty (50) cents per month, or six dollars (\$6.00) per year. The probationary period is (one) 1 year. Therefore, probationary members should be prepared to pay six dollars (\$6.00) dues at the meeting at which they are sworn in. Dues must be paid in full to the Financial Secretary before anyone can be voted for full membership. Failure to pay dues result in being dropped from the membership roster. Regular monthly meetings of the fire company are held at the Nemasolin Fire hall the second Sunday of each month at 19:00 hours (7pm).

Name _____ Date ____/____/20____

Address _____

Phone (____)-____-____ Date of Birth ____/____/____

Name of Beneficiary _____ Relationship _____

Address _____ Phone (____)-____-____

NAME _____ DATE _____
Last First Middle

PRESENT ADDRESS _____

PHONE NUMBER _____

REFERRED BY: _____

REASON FOR REQUESTING MEMBERSHIP _____

EDUCATION

HIGHSCHOOL
NAME _____ YEARS ATTENDED _____

ADDRESS _____ DIPLOMA/DEGREE _____

COLLEGE
NAME _____ YEARS ATTENDED _____

ADDRESS _____ DIPLOMA/DEGREE _____

OTHER
NAME _____ YEARS ATTENDED _____

ADDRESS _____ DIPLOMA/DEGREE _____

MILITARY STATUS

SERVICE/BRANCH _____

YEARS IN _____ RANK _____

VOLUNTEER WORK EXPERIENCE

ORGANIZATION _____ YEARS EXPERIENCE _____

REFERENCES

NAME OF TWO (2) INDIVIDUALS NOT RELATED, WHOM WHICH YOU HAVE
KNOWN FOR ATLEAST ONE (1) YEAR.

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS
CALLED FOR IS CASE FOR DISMISSAL.

SIGNATURE _____ DATE _____

WITNESS (MEMBER OF THE FIRE COMPANY) _____

Do you currently hold a valid Pennsylvania drivers license?

Yes _____ No _____ Class _____

Have you ever been convicted in the last four (4) years of driving under the influence of alcohol or drugs?

Yes _____ No _____ If yes, please explain _____

Have you been convicted in the last two (2) years of reckless driving or have had a drivers license suspended under the point system?

Yes _____ No _____ If yes, please explain _____

Are you at this time addicted to alcohol or drugs?

Yes _____ No _____ If yes, please explain _____

Do you have any physical or emotional condition that might prevent you from performing the duties of the Fire Company?

Yes _____ No _____

Are you interested in attending a fire fighting course?

Yes _____ No _____

Are you interested in attending an EMT course?

Yes _____ No _____

Are you interested in learning to drive a fire truck or ambulance?

Yes _____ No _____

A yes answer is not an automatic rejection. We may request a performance note or statement from your doctor.

All of the above questions comply with: Section 1005.10 (d) Rules and Regulations-Title 28 Health and Safety Emergency Medical Services, Pennsylvania Department of Health

Are you employed, unemployed, attending school? _____

Where? _____

(Please give name and address of company or school, if applicable)

Do you have any particular skills you are trained in? Please list _____

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PROOF OF RESIDENCY

I _____ hereby state that I reside within the membership area as written in the Nemacolin Volunteer Fire Company By-Laws in Article II Membership, section 1. I am aware that a post office box is not the same as a physical address and is not a proof of residence. My physical address is what my membership is reliant upon. To be clear a physical address is where I eat, sleep, bath or perform my usual daily activities.

My mailing address is: _____

My physical address is: _____

I hereby acknowledge that by signing this Proof Of Residency that any **FALSE or MISLEADING INFORMATION** is a **CRIMINAL OFFENCE SUBJECT TO FRAUD CHARGES**. if I live with someone that is not related they must also sign to verify that I reside with them and are also subject to the penalties stated above.

Member signature _____

Witness Signature _____
(Fire Company Officer either Executive or Line)

NEMACOLIN VOL. FIRE DEPARTMENT
COMPANY 67

I _____ give permission to
The Cumberland Township Police Department to run a
routine background check on me for purposes of my
application of membership to the Nemasolin Volunteer Fire
Department. I understand that any and all results will
remain on file at the fire department with my application
and will be taken into consideration for my acceptance as a
member.

(sign)

(date)

(witness)

PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK

(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	Nemacolin VFD		
ADDRESS	PO Box 200		
CITY	STATE	ZIP	
NEMACOLIN	PA	15351	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

724 - 966 - 7408

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.