

Silver Spring Community Fire Company

Membership Application

6471 Carlisle Pike Mechanicsburg, PA 17050

Phone (717) 766-6096 – Fax (717) 766-8030

www.silverspringfire.org

Name: _____ Phone: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Social Sec #: _____ DOB: _____ Age: _____ Sex: _____

Driver's License #: _____

Occupation: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Supervisor's Name: _____

Next of Kin: _____ Relationship: _____

Emergency Contact: _____ Phone: _____

If Minor, Working Papers Reviewed By: _____

Type of Membership Requested (Select One):

- () Active Firefighter \$5.00 () Active Fire Police \$5.00
() General Member \$2.00 () Junior Member \$1.00

All Application Fees are Non-Refundable

Office Use Only

Application Date: _____ Approval Date: _____

Probationary Period: _____ Membership Number: _____

Other Emergency Services Memberships (Past/Present), please provide agency Name, Address, Phone number and Contact Name.

Failure to list previous or current agency associations constitutes fraud and will render your application fraudulent and void.

Previous Fire and EMS Training (Please attach copies of certifications)

Are you now or have you ever been in the Military?

Yes

No

If Yes: Provide Dates and Branch Information

Have you ever been convicted of a crime?

Yes

No

If Yes: Provide Date and Details of Violation Below

"I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa. C. S. 3301 or similar offenses under Federal or State Law." Initials: _____

"I hereby certify that statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1000.00."

Signature of Applicant

Signature of Fire Company Witness

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AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish the Silver Spring Community Fire Company all information which you may have concerning:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

With respect to any document or information in possession of any school or governmental official or any law enforcement agency. I am aware that Local Criminal History checks will be performed. This information is requested in support of my application for membership with the Silver Spring Community Fire Company and will be publicly discussed at a company meeting. Therefore, in consideration for information or documents furnished I hereby release and waive any rights that I may have or had against any person releasing such information or documents. A copy of this authorization shall be considered as effective and valid as the original.

Membership Applicant Signature

Date

Witness

Date

JOINDER BY PARENTS OF PERSONS UNDER THE AGE OF EIGHTEEN (18)

We, the undersigned Parent(s), join in the request for the release of the above information and do also release and waive any rights that we may have or had against any person releasing such information concerning our child.

Parent Signature

Date

Parent Signature

Date

Witness

Date

Background Check Instructions

Clearances:

All volunteers and members must obtain the following certifications:

- Report of Criminal History for the Pennsylvania State Police
- Child Abuse History certification from the Department of Human Services

Additionally, a fingerprint based federal criminal history must be obtained through the FBI or its authorized agent **UNLESS**:

- The position the volunteer is applying for is unpaid; **AND**
- The volunteer has been a resident of the Commonwealth of Pennsylvania for the entirety of the previous 10 years.

Volunteers who are not required to obtain the FBI certification because they are applying for an unpaid position and have been a continuous resident of Pennsylvania for the past 10 years must swear or affirm in writing that they are not disqualified from service based upon a conviction of an offense under Pa. C.S. Section 6344.2 by signing the Disclosure Statement Application for Volunteers.

NOTE: If a volunteer has not been a resident of Pennsylvania for the past 10 years, but obtained their FBI certification at any time since establish residency, they may provide a copy of the certification with this application and are not required to obtain any additional FBI certifications.

Pennsylvania State Police Criminal Record Check

Applicants can go online to the Pennsylvania site to access any criminal history and apply for their criminal record check with PSP at:

<https://epatch.state.pa.us/Home.jsp>

PA Child Abuse History Clearance

<https://www.compass.state.pa.us/CWIS>

Creating an account and submitting your clearance application online will give you immediate access to your results or the status of your results if your results cannot be processed immediately.

FBI Criminal Background Check

<https://www.identogo.com/>

NOTE: This step is only necessary if you have not lived in PA for at least 10 years. However, a signed Disclosure Statement Application for Volunteers must be signed and witnessed.

General Background Check Information:

<http://www.dhs.pa.gov/citizens/clearancesbackgroundchecks/index.htm>