

**Barren Hill Volunteer Fire Company
647 Germantown Pike
P.O. Box 60
Lafayette Hill, PA 19444
Business: 610-825-2250 Fire: 911**

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

Date: _____

(Please Print)

Name: _____ Date of Birth: _____

Address: _____ SSN: _____

City or Town: _____ Driver License#: _____

Phone: _____ Driver License Class: _____

BACKGROUND INFORMATION

Are you a citizen of the United States? Yes No

Have you ever been discharged from or refused membership in any other emergency services organization? Yes No If Yes Explain:

Have you ever been arrested? Yes No. If Yes, Where: _____
Explain:

MEDICAL INFORMATION

Blood Type: _____

Do you have any physical limitations or medical conditions which would prevent you from performing any type of fire/rescue activity? ____ Yes ____ No. If Yes, Explain:

Known Allergies: _____

Other known medical conditions:

In case of emergency notify:

Name: _____ Phone: _____ Relationship: _____

EMPLOYEMENT INFORMATION

Present Employer: _____

Address: _____

City, State, Zip _____ Phone: _____

Immediate Supervisor: _____

Past Employer: _____

Address: _____

City, State, Zip _____ Phone: _____

Immediate Supervisor: _____

Years worked from _____ to _____

REFERENCE INFORMATION

List any and all other emergency services organizations to which you belong or have belonged:

NAME

PHONE

OIC

List three (3) references who are of no relation to you:

NAME

PHONE

YEARS KNOWN

Sponsored or recommended by: _____

AUTHORITY TO RELEASE INFORMATION

I certify that the facts contained in this application are true and correct to the best of my knowledge. I fully understand that any false statement will be considered grounds for denial of membership.

I hereby authorize any criminal justice officer, or other authorized representative of the Barren Hill Volunteer Fire Company bearing this release, to obtain any and all information available from my past and present employers, credit references, criminal records, and medical records. I request that the custodian of records, in each case, permit my records to be examined, copied, or otherwise reviewed.

I hereby release any such authority, including its employees or related personnel, both individually and collectively, from any and all liability, from damages of whatever kind which may at anytime result to me, my heirs, family, or associates because of compliance with this authorization and request to release information.

I fully understand that if accepted, my membership is governed by the Charter, By Laws, and Standing Operating Procedures of the Barren Hill Volunteer Fire Company.
All information obtained will be held in strictest confidence.

Applicant's Full Name: _____

Applicant's Signature: _____

**DEPARTMENT OF PUBLIC WELFARE
ChildLine and Abuse Registry**

PLEASE COPY AND ATTACH THIS DIRECTION SHEET TO EVERY APPLICATION DISTRIBUTED

DIRECTIONS

1. Type or print **CLEARLY AND NEATLY IN INK** Section I only.
2. Address must be **APPLICANT'S** current home address.
3. All information must be completed in full. (The form asks for all previous names, addresses, and household members **SINCE 1975**). This information must be provided to the best of your knowledge and belief. If necessary, attach additional pages.
4. Application must be **SIGNED**.
5. Enclose a **\$10.00 MONEY ORDER** for each application. No cash or personal checks accepted. Agency or business checks are acceptable.
6. **DO NOT** send any postage paid return envelopes.
7. Application should be placed in a **BUSINESS-SIZED OR LARGER** envelope prior to mailing.
8. **ONE BLOCK** must be checked for Purpose for Clearance. **DO NOT** check more than one block.
 - a. **Check the Volunteer Block** if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League or churches. **A COPY** of your Criminal Record Check results obtained within the past year must be attached. **DO NOT** send original Criminal Record results. If you are not a Pennsylvania resident, you must also attach a copy of your FBI results obtained within the last year. **THIS BLOCK SHOULD NOT BE CHECKED FOR ANYONE VOLUNTEERING IN SCHOOLS.**
 - b. **Check the School Block** if seeking to have involvement within a school (public, private vocational, technical, nursing) **FOR ANY REASON.**
 - c. **Check the Foster Care Block** if applying for foster parenting or custody of a child.
 - d. **Check the Adoption Block** if in the process or planning to adopt a child.
 - e. **Check the Child Care Block** if planning to work in a day care setting, or if all other blocks do not apply.
 - f. **Check the CWEP Block** if you are participating in a Department of Public Welfare training program. The signature and phone number of the County Assistance Representative is required.

CLEARANCE RESULTS WILL BE MAILED TO YOU WITHIN 14 DAYS FROM THE DATE THAT THE CLEARANCE IS RECEIVED IN OUR OFFICE. THERE WILL BE NO REPLACEMENTS AFTER 90 DAYS

FAILURE TO COMPLY WITH THE ABOVE INSTRUCTIONS WILL CAUSE CONSIDERABLE DELAY

Please contact the following for applicable criminal history requests:

PA Criminal Record Checks (SP4 164):	(717) 783-5494 or (717) 783-5492
FBI Cards for School Employees (FD 258):	(717) 783-3750

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)

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

REQUEST FOR CRIMINAL RECORD CHECK

PART I: TO BE COMPLETED BY REQUESTER <i>(INFORMATION WILL BE MAILED TO REQUESTER ONLY)</i>	DATE OF REQUEST
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***** 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	BARREN HILL FIRE CO ATT JOHN LYNCH		
ADDRESS	647 GERMANTOWN PIKE		
CITY	STATE	ZIP	
LAFAYETTE HILL	PA	19444	

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)

<p>REQUESTER CHECKLIST</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 style="text-align: center;">*** DO NOT SEND CASH OR PERSONAL CHECK ***</p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO</p> <p style="text-align: center;">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)</p>
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PART II: CENTRAL REPOSITORY RESPONSE ONLY *****DO NOT WRITE BELOW THIS LINE*****

<p>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p>	<p>INQUIRY DISSEMINATED BY</p>	<p>SID NUMBER</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>CERTIFIED BY</p> <p style="text-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.