DOWNINGTOWN FIRE DEPARTMENT

Alert Fire Company No. 1
122 West Pennsylvania Ave.
Downingtown, PA 19335
Alertfire.org - 610-269-0454

Minquas Fire Company No. 2
141 Wallace Ave.
Downingtown, PA 19335
Minquasfire.org. - 610-269-2797

VOLUNTEER MEMBER APPLICATION CHECKLIST

Please complete all of the attached paperwork and return to either the Alert Fire Company No. 1 or the Minquas Fire Company No. 2

☐ **Downingtown Fire Department Application (2 pages)**

Applicatints Over 18 Years Old Must Also Complete The Following

☐ **Adult Volunteer Disclosure Statement (2 pages)**

☐ **Authorization to Obtain Criminal Records (1 page)**

☐ **PA Child Abuse History Clearance**
(Directions attached to obtain a free clearance.)

DOWNINGTOWN FIRE DEPT. – VOLUNTEER MEMBERSHIP APPLICATION

ALERT FIRE CO. NO. 1
122 W. Pennsylvania Ave.
Downingtown, PA 19335
Phone: 610-269-0454
www.alertfire.org

MINQUAS FIRE CO. NO. 2
141 Wallace Ave.
Downingtown, PA 19335
Phone: 610-269-2797
www.minquasfire.org

ALERT FIRE CO. No. 1: _____ MINQUAS FIRE CO. No. 2: _____ (Please Choose One Company) DATE: _____

FIRE: _____ EMS: _____ FIRE POLICE: _____ SOCIAL: _____

APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INT: _____ DOB: _____

STREET ADDRESS: _____ APT./UNIT No: _____

CITY: _____ STATE: _____ ZIP: _____ SOCIAL SECURITY No: _____

PHONE: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT (NAME/PHONE): _____

DO YOU HAVE PRIOR EMERGENCY SERVICES EXPERIENCE?

YES: _____ NO: _____ IF YES, PLEASE EXPLAIN: _____

_____

HAVE YOU EVER BEEN ARRESTED, INDICTED AND CONVICTED OF A MISDEMEANOR OR FELONY? OR, HAVE BEEN A DEFENDANT IN A CRIMINAL PROCEEDING?

YES: _____ NO: _____ IF YES, PLEASE EXPLAIN: _____

_____

PHYSICAL CONDITION

DO YOU HAVE ANY PHYSICAL OR HEALTH LIMITATIONS THAT COULD INTERFERE WITH YOUR PERFORMANCE AS A FIREFIGHTER OR EMERGENCY RESPONDER?

YES: _____ NO: _____ IF YES, PLEASE EXPLAIN: _____

_____

EDUCATION

HIGH SCHOOL: _____ ADDRESS: _____
FROM: _____ TO: _____ DID YOU GRADUATE? YES: _____ NO: _____ DEGREE: _____

COLLEGE: _____ ADDRESS: _____
FROM: _____ TO: _____ DID YOU GRADUATE? YES: _____ NO: _____ DEGREE: _____

OTHER: _____ ADDRESS: _____
FROM: _____ TO: _____ DID YOU GRADUATE? YES: _____ NO: _____ DEGREE: _____

DRIVER'S LICENSE No. AND STATE WHERE ISSUED: _____

OTHER SKILLS AND/OR TRAINING

PLEASE LIST ANY OTHER SKILLS OR TRAINING THAT YOU MAY HAVE, THAT HAS NOT BEEN PREVIOUSLY LISTED:

_____

_____

_____

REFERENCES

PLEASE LIST THREE PROFESSIONAL/PERSONAL (NON-RELATIVE) REFERENCES:

FULL NAME: _____ RELATIONSHIP: _____
COMPANY: _____ PHONE No: _____
ADDRESS: _____

FULL NAME: _____ RELATIONSHIP: _____
COMPANY: _____ PHONE No: _____
ADDRESS: _____

FULL NAME: _____ RELATIONSHIP: _____
COMPANY: _____ PHONE No: _____
ADDRESS: _____

CURRENT EMPLOYER

COMPANY NAME: _____ POSITION: _____
ADDRESS: _____ PHONE No: _____
SUPERVISOR: _____ YEARS OF SERVICE_____

DISCLAIMER AND SIGNATURE

I affirm, subject to the penalties for perjury, that the statements by me, contained herein on this application are to the best of my knowledge and belief, true and correct. And, I further give the Downingtown Fire Dept. and/or the Borough of Downingtown authorization to investigate my background, by completing the enclosed Pennsylvania State Police Criminal Record Check and the Pennsylvania Child Abuse History Clearance forms. If you have resided outside of Pennsylvania within the past ten years, you will need to complete an FBI Fingerprinting check, as well.

Please include $10.00 in cash or check, made payable to the Alert Fire Co. No. 1 or the Minquas Fire Co. No. 2, as your membership dues. If your application is denied, this money will be returned to you. Incomplete applications may be returned to the applicant.

Applicant Signature: _____ Date: _____

DOWNINGTOWN FIRE DEPT. USE ONLY

APPROVED: _____ DENIED: _____ COMMENTS: _____

INVESTIGATING COMM. SIGNATURE: _____ DATE: _____

FINANCIAL (MEMBERSHIP) SECRETARY SIGNATURE: _____ DATE: _____

DOWNINGTOWN FIRE DEPARTMENT

DOWNINGTOWN FIRE DEPARTMENT, 10 WEST LANCASTER AVENUE, DOWNINGTOWN, PA 19335 610-269-0344

Adult Volunteer Disclosure Statement

Required by the Pennsylvania Child Protective Service Law (CPSL)
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking an unpaid volunteer position within the Downingtown Fire Department. I certify (under penalty of law) that I am providing clearances to comply with the *Child Protective Services Law* mandates and *Charter for the Protection of Children and Young People*. I certify that this is the only clearance I have received, free of charge, and that I will not use my free background check for any other purpose.

Please select **one** of which applies:

☐ I have been a resident of Pennsylvania during the entirety of the previous ten-year period, as I have only maintained a home mailing address in Pennsylvania during said period. Therefore, I understand that I am not required to obtain a clearance through the Federal Bureau of Investigation Fingerprint-based Criminal Background Check.

☐ I have **not** been a resident of Pennsylvania during the entirety of the previous ten-year period, as I have maintained a home mailing address(es) outside of Pennsylvania during said period. Therefore, I understand I am required to obtain a clearance through the Federal Bureau of Investigation Fingerprint-based Criminal Background Check.

I am aware that I must provide the following clearances: *Pennsylvania State Police Criminal Record Check* and *Pennsylvania Child Abuse History Clearance*. I am aware that any prior act of child abuse will permanently disqualify me from volunteer status. I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by the Pennsylvania Child Protective Services Law.

I am aware that past conviction of certain crimes and offenses also permanently disqualifies me from volunteer status. I swear/affirm that I have not been convicted of one or more of the following crimes reportable under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state, territory, commonwealth, or foreign nation:

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 2910 (relating to luring a child into a motor vehicle or structure)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3124.2 (relating to institutional sexual
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 3129 (relating to sexual intercourse with animal)
- A felony offense under the Act of April 14, 1972 (P.L. 233. No.64) known as the Controlled Substance Drug Device and Cosmetic Act
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing death of child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902(b) (felony offense relating to prostitution and related offenses)
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
- Section 6301(a)(1) (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)
- Section 6318 (relating to unlawful contact with minors)
- Section 6319 (relating to solicitation of minors to traffic drugs)
- Section 6320 (relating to sexual exploitation of children)

I am aware that I am also prohibited from volunteer status if I have been convicted of ANY felony of the first, second or third degree not listed above for a period of ten (10) years after the expiration of the sentence. Further, conviction of ANY first-degree misdemeanor will prohibit volunteer service for five (5) years after the completion of the sentence.

I swear/affirm that I will disclose before beginning any volunteer position if I have ever been convicted of driving under the influence of alcohol or a controlled substance and acknowledge that this may affect my eligibility for volunteer service. I am aware that a second offense of driving under the influence of alcohol or a controlled substance, graded as a first-degree misdemeanor, will result in a three (3) year prohibition on service from the date of the completion of the sentence for the most recent offense. However, I understand that the Company retains the right to refuse permission to serve as a volunteer for any reason that, in its judgment, renders the applicant unsuitable to serve in that capacity.

I understand that if I am arrested for, or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the Fire Chief and President of either the Alert Fire Company No. 1 or Minquas Fire Company No. 2 or their designee with written notice **not later than 72 hours** after the arrest, conviction, or notification that I have been listed as a perpetrator in the Statewide database.

I understand that the Fire Chief or Company President or his/her designee must demand a volunteer produce new background clearances if he/she has a reasonable belief that I have been arrested for, or convicted of, a crime that would require disqualification from volunteer service involving contact with children, or I have been named the subject of an indicated or founded report of child abuse.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the Alert Fire Company No. 1 or Minquas Fire Company No. 2 Investigating Committee and Membership Secretary are responsible for the review of provided information and required to maintain copies of my clearances.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.

Signature: _____

Witness: _____

(Please sign this form in the presence of a witness.)

Date: _____

Last Name: _____ Maiden Name (if applicable): _____

First Name: _____ Middle Name: _____

Any Previous Name(s) or Alias(es): _____

BOROUGH OF DOWNINGTOWN
& DOWNINGTOWN FIRE DEPARTMENT

AUTHORIZATION TO OBTAIN INFORMATION

Criminal Records & Driving History Verification

Name: _____
(First) (Middle) (Last)

List of all other names (maiden, nickname, etc., or if name was legally changed)
_____

Date of Birth: _____ /_____ /_____ Social Security No: _____ - _____ -_____

Driver License No: _____
Please attach a copy of your driver's license

I, _____hereby agree and authorize the
(print name)

Borough of Downingtown and its authorized agents to obtain my:

- Criminal Record check (Pennsylvania State Police/PATCH)
- Driving History records (PennDOT)

I understand that the results of such screenings will be used in further consideration of my application for membership or continued membership status in the Downingtown Fire Department by providing information for use in reviewing my background and qualifications. I do hereby release all persons, agencies or firms from any liabilities resulting from providing such information.

_____ _____
Signature Date

_____ _____
Guardian's Signature (if applicant is under the age of 18) Date

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE
DOWNINGTOWN FIRE DEPARTMENT VOLUNTEERS ONLY

Electronic Submission

The Pennsylvania Child Abuse History Clearance (Certification) can be submitted online through the **Child Welfare Solution (CWIS) self-service portal.** This certification is **FREE** for volunteers.

To submit an online application, you will need a **KEYSTONE ID. If you already have a KEYSTONE ID, you may skip to 'I Already Have a KEYSTONE ID.'**

To Establish a KEYSTONE ID:

1. Access the self-service portal at www.compass.state.pa.us/cwis.
2. Click **"CREATE INDIVIDUAL ACCOUNT"**
3. Read the welcome page, then scroll down and click **"NEXT"**
4. **Complete all fields** with the requested information
5. Click **"FINISH"** and then you will receive two emails:
   A. Confirmation of the Keystone ID that you selected.
   B. Temporary password.
6. Upon receipt, return to www.compass.state.pa.us/cwis, and click **"LOGIN"**.
7. On the 'What Would You Like To Do Today?' page, select **"ACCESS MY CLEARANCES".**
8. Read the disclosure page, and click **"CONTINUE".**
9. You will be asked to enter your Keystone ID and temporary password and click **"LOGIN"**. You will then be prompted to set up a new password.

I Already Have a KEYSTONE ID:

Once you have your Keystone ID and password created, please refer to the following instructions to assist you with the electronic submission of your application.

1. Access the self-service portal at www.compass.state.pa.us/cwis, and click **"INDIVIDUAL LOGIN"**.
2. On the 'What Would You Like To Do Today?' page, select **"ACCESS MY CLEARANCES".**
3. Read the disclosure page, and click **"CONTINUE".**
4. **ENTER** your Keystone ID and password, and click **"LOGIN".**
5. **Read** the 'My Child Welfare Account Terms and Conditions', and **select "I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions"** if the statement is accurate, then click **"NEXT".**

6. Read the disclosure page, and click **"CONTINUE".**
7. On 'My PA Child Abuse History Clearances' page click **"CREATE CLEARANCE APPLICATION".**
8. Read the 'Getting Started' information page and click **"BEGIN".**
9. Complete all of the sections of the application:
   (**Please note**: You may click "SAVE APPLICATION" at any time to save your progress and return later.)
   A. Application Purpose: Select **"Volunteer Having Contact with Children:"**, then select **"Other"** as the 'Volunteer Category' and enter **DOWNINGTOWN FIRE DEPARTMENT** in the 'Agency Name' field, then click **"NEXT".**
   B. Application Information: Complete all required fields and then click **"NEXT".**
   C. Current Address: Complete all required fields and then click **"NEXT".**
   D. Previous Address: List all addresses you have lived at since 1975, then click **"NEXT".**
   E. Household Members: List everyone you have lived with since 1975, then click **"NEXT".**
   F. Application Summary: Review all of the information you have entered and click **"NEXT"** once you have determined all of the entered information to be accurate.
   G. eSignature: Read the statement, click to agree to the affirmation, **enter your first and last name** as it appears on the Application Information screen, and click **"NEXT".**
   H. You will then be presented with a question asking if you were provided a code for your application as a Volunteer, Answer "NO" to the question **(Is this the correct answer???????)**, and then click **"SUBMIT APPLICATION".**
10. You have successfully completed the submission process if you receive a "SUBMISSION CONFIRMATION" page.
11. Click **"LOGOUT"** when you are ready to leave the website.
12. You will receive two e-mails:
    A. The first e-mail will confirm that your application was successfully received.
    B. The second, later e-mail is notification that your application was processed and your results are ready to be viewed. To review your results electronically, access the self-service portal at www.compass.state.pa.us/cwis. Log-in using your Keystone ID and password. As you scroll down the page, you will see your e-Clearance ID number and below that, a green icon stating that "Your application has been processed." Click where indicated to access your electronic certificate.
13. Please print a copy of the certificate for your records.
14. Provide the 12-digit e-Clearance ID number to the Chief Officer of your company. This will enable the membership committee to review your Pennsylvania Child Abuse History Clearance results in consideration of your membership application.