



# **WESTERN BERKS FIRE DEPARTMENT**

## **MEMBERSHIP APPLICATION**

**Western Berks Fire Department**  
111 Stitzer Ave.  
Wernersville, PA 19565  
Phone (610) 678-1332  
Fax (610) 898-4280  
<http://www.westernberksfire.org>

## **\*\*IMPORTANT INFORMATION – PLEASE READ\*\***

Thank you for your interest in becoming a member of the Western Berks Fire Department. This packet contains a number of items which must be completed and included in order for the application to be considered complete. Please note the following requirements:

1. A copy of your driver's license or ID card (both front and back) must be included with the application.
2. A copy of the result letter from the Pennsylvania Child Abuse History Clearance must be included with the application (Junior members are exempt from this requirement). Applicants must complete Section 1 of the form and follow the directions to submit the clearance form to the Department of Public Welfare. Once the results are returned to the applicant, a copy of the results must be included with the membership application.
3. The application fee of \$10.00 in cash, check, or money order, made payable to "Western Berks Fire Department" (Junior members are exempt from the fee).
4. Your complete social security number MUST be provided to ensure expedient processing of the application.
5. If you are a current or former member of another emergency service organization, copies of certificates must be included with the completed application.
6. The membership type MUST be specified in the appropriate section of the application. Choose from one of the following options:
  - a. Active – Active members shall be any person of good moral character who has attained the age of eighteen (18) years. Active members are those individuals who assist in fire suppression tasks.
  - b. Support – Support members shall be any person of good moral character who has attained the age of eighteen (18) years. Support members are those individuals who assist in tasks not associated with fire suppression.
  - c. Junior – Junior membership shall be available only to a person have attained the age of fourteen (14) to eighteen (18) years.
7. If the membership being applied for is a Junior Member, parent or legal guardian contact information must be provided on the application along with the following additional documentation:
  - a. A copy of the applicant's working papers issued by the School District.
  - b. A copy of the applicant's most recent report card.
  - c. A copy of the applicant's school identification.
8. Initial and sign the application in the appropriate areas.

**Application for Membership  
Western Berks Fire Department  
111 Stitzer Avenue Wernersville, PA 19565**

**GENERAL INSTRUCTIONS;** This application consists of several sections: a Questionnaire; Verification; and an Information Release. Every one of these sections must be completed in order for the Fire Department to accept the application as complete. Please **PRINT IN BLACK INK**, an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block. Do not misstate or omit facts since the statements made herein are subject to verification to determine your acceptance to become a volunteer firefighter.

Date Submitted: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Include Photocopy (Front & Back) of Driver's License**

**Personal Information:**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

D.O.B.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-Mail: \_\_\_\_\_

**Military Status:**

YES

NO

Have you served in the U.S. Armed Forces? \_\_\_\_\_

Honorable Discharge? \_\_\_\_\_

Are you presently a member of a U.S. Reserve \_\_\_\_\_

Or State Guard organization? If Yes, complete the following: \_\_\_\_\_

Indicate reserve obligation, if any: \_\_\_\_\_

**Emergency References:**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_

**Medical Information:**

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Blood Type: \_\_\_\_ Organ Donor: YES \_\_\_\_ NO \_\_\_\_

Past Medical History: \_\_\_\_\_ (Use back of form if necessary)

**Background Information:**

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (\*\*Must Provide Entire Number\*\*)
2. Driver's License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State: \_\_\_\_ Class: \_\_\_\_ Expires: \_\_\_\_/\_\_\_\_
3. Have you ever had a license suspended or revoked? YES \_\_\_\_ NO \_\_\_\_ If yes, state Violation.  
\_\_\_\_\_

4. Have you ever been charged of any crimes? YES \_\_\_\_ NO \_\_\_\_
5. Have you ever been convicted of any crimes or have charges expunged? YES \_\_\_\_ NO \_\_\_\_

(If YES to either/both of the above, please list on a separate sheet of paper and attach in a sealed envelope.)

6. List two (2) references that are not relatives:

6-1. Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

6-2. Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

**Membership:**

1. Are you now, or have you ever been, a member of any other emergency service organization? YES \_\_\_\_ NO \_\_\_\_

(If YES, please list: \_\_\_\_\_)

2. Has any disciplinary action been taken against you in any emergency service organization? YES \_\_\_\_ NO \_\_\_\_

(If YES, please list: \_\_\_\_\_)

3. May we contact the emergency service organizations listed above? YES \_\_\_\_ NO \_\_\_\_

4. Have you experienced any serious injury or illness in the past five years that could affect your ability as a fire fighter? YES \_\_\_\_ NO \_\_\_\_

(If YES, please list: \_\_\_\_\_)

5. Briefly explain why you wish to become a member of the Western Berks Fire Department.

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6. Membership Type: (Active, Support, Junior) \_\_\_\_\_

**PLEASE ATTACH ANY TRAINING CERTIFICATES**

**The following information must be completed by those potential members between the ages of 14 & 18;**

**Parent or Legal Guardian Contact Information:**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Relation: \_\_\_\_\_ Signature: \_\_\_\_\_

School District: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**Junior members must attach a copy of their working papers, a copy of their most recent report card, and a copy of their school identification**

I understand that this Application has been completed subject to the penalties of 18 PA C.S. 4904 relating to un-sworn falsification to authorities.

\_\_\_\_\_  
(Initials)

I hereby submit my application for membership with the Western Berks Fire Department. I hereby authorize the Western Berks Fire Department to thoroughly investigate my references, education, criminal history, and other matters related to my suitability for membership and any and all letters, reports and other information pertaining to my membership, without giving me prior notice of such disclosure. In addition, I hereby release the Western Berks Fire Department from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I authorize the results of that investigation be presented to the members of the department when my application is evaluated for membership.

\_\_\_\_\_  
(Initials)

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I will be required to abide by all rules and regulations of the Western Berks Fire Department.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 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, OR (TOLL FREE) 1-877-371-5422.**

### CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

## SECTION I

## APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S 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

M  F

COUNTY YOU LIVE IN

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

### PURPOSE OF CLEARANCE (Check ONE block ONLY)

- Child Care Services Employee
- Foster Care     Adoption     School Employee
- Employment with a significant likelihood of regular contact with children
- 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 FD-258).
- DPW Employment & Training Program Participant  
(signature required below)

\_\_\_\_\_  
SIGNATURE OF OIM/CAO REPRESENTATIVE

\_\_\_\_\_  
OIM/CAO PHONE NUMBER

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

1. (LAST, FIRST, MIDDLE)
2. (LAST, FIRST, MIDDLE)
3. (LAST, FIRST, MIDDLE)
4. (LAST, FIRST, MIDDLE)
5. (LAST, FIRST, MIDDLE)

### PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

### HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

NAME (Last, First, Middle) 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**

<b>SECTION II</b>		<b>RESULTS OF HISTORY CHECK</b>	
<input type="checkbox"/> APPLICANT IS <b>NOT</b> LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.		<input type="checkbox"/> APPLICANT <b>IS</b> LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).	
STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.	-	3.	-
2.	-	4.	-
_____		_____	
VERIFIER	DATE	VERIFIER'S SUPERVISOR	DATE

<b>SECTION III</b>		<b>VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES</b>	
<p>_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.</p> <p>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.</p> <p>It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.</p>			
<b>PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE</b>			
<p><input type="checkbox"/> Applicant is named as the perpetrator of a <b>founded</b> child abuse or school employee report which occurred in the last five years.</p> <p><input type="checkbox"/> Applicant is named as the perpetrator of a <b>founded</b> child abuse or school employee report which occurred over five years ago.</p> <p><input type="checkbox"/> Applicant is named as the perpetrator of an <b>indicated</b> child abuse or school employee report.</p> <p><input type="checkbox"/> Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.</p>			
<b>PENNSYLVANIA STATE POLICE CLEARANCE</b>			
<p><input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> No record exists. Report attached.</p>			
<b>FBI CLEARANCE</b>			
<p><input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> No record exists. Report attached.</p> <p><input type="checkbox"/> No FBI clearance required.</p>			
_____		_____	
VERIFIER	DATE	VERIFIER'S SUPERVISOR	DATE

**DIRECTIONS TO COMPLETE THE  
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE APPLICATION:**

1. Applicants are to complete Section I only.
2. Type or print clearly and neatly in ink only.
3. The space for the applicant's name must be the applicant's full legal name. An initial is not acceptable for a first name. The address listed must be applicant's current home address. This is also where the results of the clearance will be mailed.
4. The applicant's Social Security number is voluntary. If filling in the Social Security number please fill in the entire Social Security number.
5. Age – Fill in the applicant's current age.
6. Date of Birth – Fill in the applicant's date of birth (Example: 01/22/1990).
7. Daytime Phone Number – Fill in the number for where the applicant can be reached in the event that there are questions about the information on the application.
8. Sex – Check the appropriate box for male or female.
9. County You Live In – Fill in the name of the county where you reside (this should be the county for the address that the applicant filled in the space on the left of this section).
10. **Purpose of Clearance** – Do not check more than one block:
  - a. Check the Child Care box if planning to work in a day care or child care setting.
  - b. Check the Foster Care box if applying as a prospective foster parent.
  - c. Check the School Employee box if seeking to have involvement within a school (public, private, vocational, or technical) for employment or volunteer purposes OR check this box if a child abuse clearance is needed due to enrollment in an educational program such as a nursing school or technical program.
  - d. Check the Adoption Block if in the process or planning to adopt a child.
  - e. Check Employment With A Significant Likelihood of Regular Contact With Children if NONE of the other options relate to why a child abuse clearance is needed.
  - f. Check the Volunteers box if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League, or churches. As noted on the form, if the Volunteer box is checked, the applicant must also attached A COPY of the RESULTS from their PA State Police Criminal History Record Check. Do not send original criminal record results because the original cannot be returned. If the applicant is not a current Pennsylvania resident, the applicant must also attach a copy of their FBI Criminal History results obtained within the past year.
  - g. Check the DPW Employment & Training Program Participant box if the applicant is participating in a Department of Public Welfare employment and training program through a county assistance office, or CAO, or the Office of Income Maintenance, OIM. The signature **AND** phone number of the CAO or OIM representative is required.
11. Previous Names Used Since 1975 - The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, aliases and also known as (aka) names.
12. Previous Addresses Since 1975 - List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location will be acceptable.
13. Household Members - Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). If the applicant was under the age of 18 in 1975 this section must include other household members who lived with the applicant or with whom the applicant lived. Please note the household member's relationship to the applicant, their age (to the best of your knowledge) and their sex. Applications where this section is left blank will be rejected and returned to the applicant.
14. Applications must be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.
15. Enclose a \$10.00 money order for each application. No cash or personal checks will be accepted. Agency or business checks are acceptable.
16. Do not send any postage paid return envelopes for us to return your results. Results are issued through an automated system generated mailing process.

Note: Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. Failure to comply with the above instructions will cause considerable delay in processing the results of an applicant's child abuse clearance.



<b>Receipt</b>		
Payee Name: Western Berks Fire Department Address: 111 Stitzer Avenue City, ST ZIP Code: Wernersville, PA 19565		Payer Name: Address: City, ST ZIP Code:
<b>Date</b>	<b>Description</b>	<b>Amount</b>
	Membership Fee for Western Berks Fire Department	<b>10.00</b>
	Check (Make payable to Western Berks Fire Department)	
	Cash	
	Money Order (Make payable to Western Berks Fire Department)	