

MIDDLETOWN FIRE COMPANY

APPLICATION FOR MEMBERSHIP

Thank you for your interest in joining Middletown Fire Company. Enclosed you will find the complete application that is required to be submitted to join. Below is a breakdown of each section, which must be completed in entirety, for the application to be accepted.

NO APPLICATIONS WILL BE ACCPETED OR VOTED ON WITHOUT COMPLETED BACKGROUND CHECK, CHILD WELFARE CHECK, AND \$5 APPLICATION FEE.

(check or cash)

Age Requirements:

- All members must be 14 years of age or older.
 - o Any member under 18 must have a parent/guardian signature on their application.
 - o Any member under 18 must have working papers submitted to Middletown Township.

APPLICATON CONTENTS:

Pg 1 – 3	Application Form
Pg 4	Relief Association Death Benefits Assignment
Pg 5	Background Check Instructions
Pg 6 - 7	Child Welfare Check Instructions
Pg 8 - 9	Middletown Township Workers Compensation Agreement

Any questions regarding the application process can be directed to volunteer@middletownfireco.com or by visiting the station on Tuesday nights after 7pm.

Middletown Fire Company, No 1., does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members, clients, volunteers, subcontractors, vendors, and clients.

**MIDDLETOWN FIRE COMPANY
APPLICATION FOR MEMBERSHIP**

1. General Information

Name: _____
 Last First Middle

Address: _____
 Number/Street City State Zip

Phone: _____ Age: _____ Date of Birth: _____

Driver License Number: _____ State: _____

Social Security Number: _____

Occupation: _____ Employer/School: _____

Military Experience – YES: _____ NO: _____

If yes, Explain: _____

Any Physical or Mental Limitations? YES: _____ NO: _____ If yes, please explain:

Reason for joining Middletown Fire Company:

2. Character

Have you ever been arrested for ANY offense other than a minor traffic violation?
YES: _____ NO: _____

Have you ever had ANY offenses dismissed via Probation before Judgement?
YES: _____ NO: _____

Are you presently awaiting court action for anything other than a minor traffic violation?
YES: _____ NO: _____

If Yes to any of the previous three (3) questions, Explain:

Any traffic violations in the past three (3) years: YES: _____ NO: _____

If Yes, Explain: _____

Background Check Control #: _____ (See Pg 5 for instructions)

Child Welfare eClearance ID: _____ (See Pg 6 for instructions)

Character References – Do not use relatives, if a student, include one (1) teacher

Name: _____ Phone: _____

Address: _____

How do you know them? _____

How many years have you known them? _____

Name: _____ Phone: _____

Address: _____

How do you know them? _____

How many years have you known them? _____

3. Experience

Are you now or have you ever been a member of another fire company?

YES: _____ NO: _____ If yes, list below or on another sheet of paper and attach.

Company: _____ Chief: _____

City, State: _____ Phone: _____

Type of Membership (check one) – Active: _____ Support: _____

Offices held: _____

Any Fire Training Experience: YES: _____ NO: _____ If yes, please list certificates:

Certification

I _____ hereby give Middletown Fire Company, No 1, permission to review the submitted background check with my application. I understand that the falsification of any information on this application will be cause for rejection of the application and/or dismissal from the fire company.

Signature: _____

Date: _____

If under 18 years old:

Parent / Guardian Signature: _____

Parent / Guardian Print: _____

4. Recommendation from Current Member

Recommended By: _____

Years Known: _____

COMPANY USE ONLY

Application Received: _____

Application Voted On: _____

YES: _____ NO: _____

Membership Start Date: _____

Middletown Township Firemans Relief Association

Death Benefit Assignment:

Members Name: _____

Name: _____

Percent: _____

Address: _____

Name: _____

Percent: _____

Address: _____

Name: _____

Percent: _____

Address: _____

Name: _____

Percent: _____

Address: _____

Date: _____

Signed: _____

MIDDLETOWN FIRE COMPANY

BACKGROUND CHECK INSTRUCTIONS

A background check must be submitted with ALL applications for membership.

PLEASE NOTE:

- Background checks are instant and **require the ability to print.**
 - Any applicant who has resided in Pennsylvania for **less than 10 years** will be required to complete an additional background check. Please email volunteer@middletownfireco.com for further information.
-

1. Go to <https://epatch.state.pa.us/home.jsp>
2. Click "New Record Check"
3. Read Terms and Conditions.
4. Click "Accept".
5. Complete Personal Information
 - a. Volunteer Organization Name: Middletown Fire Company
 - b. Volunteer Organization Phone: 610-566-0723
6. Click "Next"
7. Review Personal Information, if correct Click "Proceed"
8. Complete "Record Check Request Form"
9. Click "Enter This Request"
10. "Record Check Request Form" will show up again, Click "Finished".
11. Record Check Request Review Page, Click "Submit"
12. Record Check Request Results Page will appear, Click on your Control Number.
13. Record Check Details will appear, Click "Certification Form"
14. Certification Form will appear
 - a. Print this page and submit it with your application.
 - b. Write "Control #" on page 2 of application

MIDDLETOWN FIRE COMPANY

CHILD WELFARE CHECK INSTRUCTIONS

A Child Welfare check must be submitted with ALL applications for membership.

1. Go to <https://www.compass.state.pa.us/cwis>
2. Click "Create Individual Account"
3. Click "Next"
4. Complete Profile Information
5. Click "Finish"
6. A temporary password will be sent to your email address. Once you have received the password, return to the above website.
7. Click "Individual Login"
8. Click "Access My Clearances"
9. Click "Continue"
10. Input Username and Temporary Password. Click "Login"
11. You will be prompted to create a new password, once accepted, you will have to login to the above website again.
12. Select the type of device you are using. Private or Public.
13. Accept Terms and Conditions. Click "Next"
14. Click "Continue"
15. Click "Create Clearance Application"
16. Review Getting Started Page. Click "Begin"
17. Application Purpose Page
 - a. Note e-Clearance ID. Write on pg 2 of application
 - b. Click "Volunteer Having Contact with Children"
 - c. Volunteer Category: *Other*
 - d. Agency Name: *Middletown Fire Company*
18. Click "Next"
19. Complete Applicant Information Page. Click "Next"

20. Complete Current Address Page.
 - a. Certificate Delivery Method
 - i. Yes – Certificate will arrive by mail after appropriate time period
 - ii. No – Certificate will be available to be printed digitally.
 - b. Click “Next”
21. Complete Previous Addresses Page. Click “Next”
22. Complete Household Members. “Click Next”
 - a. You must list at least one person (parent) or the form will be rejected by system
23. Review Application Summary. Click “Next”
24. Affirm eSignature and type name as FIRST LAST (no middle name or initial). Click “Next”
25. Authorization Code. Click “No” Click “Make a Payment”
 - a. Application will be free as a volunteer.
26. Print confirmation page.
27. You will receive an email when the check is complete. (Can take up to 14 days)
28. Log back into the above website. (Choose “Access My Clearances”)
29. Click on “To view the result click here” under the appropriate eClearance ID
30. Web browser will open or offer to save your certification.
31. Print certification and attach to application.

Acknowledgment

In compliance with Pennsylvania's Workers' Compensation Act, I acknowledge that I have been informed of my rights and have received a copy of the designated health care provider panel which was provided to Middletown Township by AmTrust North America. I understand that any work related injury or illness is to be immediately reported to my supervisor and, with the exception of true emergency care, I am to treat with one of the providers on the panel for the first 90 days after my injury. I understand that if I treat outside this panel without proper authorization, Middletown Township has the right to refuse payment for that care. Should I still require treatment after 90 days, I understand that I may choose a non-panel provider but that I must notify my employer within five days of the first visit to this provider. I understand that if surgery is recommended, I may seek a second opinion with a physician of my choosing. If the second opinion differs, I may choose the course of treatment I wish to follow but that treatment is to be rendered by one of the panel providers if I am within the first 90 days after injury.

Print Name

Signature

Date

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize any physician, nurse or other health care professional who has attended me, or any hospital at which I have been confined to furnish to AmTrust North America or an authorized representative, any and all information which may be requested regarding my physical or mental condition and treatment rendered therefore and, if necessary, to allow them or any physician appointed by them to examine any x-rays taken of me or records regarding my physical or mental condition or treatment.

A photocopy of this instrument may be used instead of the original.

LA AUTOTIZACION A SOLTAR A INFORMACION MEDICO

Por este medio autorizo a cualquier médico, cualquiera enfermera u otro profesional de cuidado de la salud que me ha asistido a mí, o cualquier hospital en el cual he estado recluso para proveer para AmTrust North America o un representante autorizado, cualquier información que puede ser demandado referente a mi condición física o mental y que mi tratamiento dado por esto y, si necesario, a permitirlos a ellos o cualquier médico señalado por ellos a examinar cualquier tome radiografías de mí o los registros estimando mi condición física o mental o el tratamiento.

Una fotocopia de esta forma puede ser usada en lugar del original.

_____	_____
Date	La fecha
_____	_____
Employee's Name (Print)	Nombre del Empleado (la Impresión)
_____	_____
Employee's Signature	Signatura del Empleado
_____	_____
Employee's Date of Birth	Fesha de Nacimiento del Empleado
_____	_____
Employee's Social Security Number	El Numero de Seguro Social del Empleado
_____	_____
Employee's Home/Cell Phone Number	El Número de Teléfono de Casa/Celular del Empleado