



East Whiteland Township Volunteer Fire Association  
205 Conestoga Rd.  
Malvern, PA 19355

## **APPLICATION FOR MEMBERSHIP**

**If you have any questions pertaining to the membership application or membership process, please send an email with to:**

**[membership@eastwhitelandfire.org](mailto:membership@eastwhitelandfire.org)**

Complete the below checklist before turning in application

- Fully Completed & signed application
- Parent/Guardian Signatures and Working Papers (Junior Members)
- Completed PA Background Check (Completed by Association)
- Completed PA Child Abuse Check at Applicants Expense (<https://www.compass.state.pa.us/cwis/public/home>)
- Completed FBI Background Check (only if applicant has resided outside of PA in the past 10 years, Contact Association)
- Drivers History Check (<https://apps.pa.egov.com/idr>)
- Copy of Pennsylvania Driver's License or State issued Identification
- Copy of all Emergency Service certifications
- Application fee & yearly dues included (\$5.00)
- Medical Form
- Active Member Signatures

The Company Welcomes you to attend our Monday night trainings prior to turning in your application and interview process. While not necessary, we encourage it. Trainings are held every Monday Night at 19:00 (7pm) except the third Monday every month which is our company meeting night

**Applicants will be contacted by a representative of the membership committee within a month to schedule an interview along with a tour of the fire house. Parent/Guardian will be required to attend interview for Junior Members.**

**We Thank You for Your Interest in the  
East Whiteland Township Volunteer Fire Association!**

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East Whiteland Township Volunteer Fire Association

**Education**

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School: \_\_\_\_\_

Degree: \_\_\_\_\_ Years Attended: \_\_\_\_\_

**Employment**

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Professional References**

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Name: \_\_\_\_\_ Name: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

**Emergency Services Experience**

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Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Positions Held: \_\_\_\_\_

Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been suspended from the organization? Yes No

\*If yes, please explain: \_\_\_\_\_

East Whiteland Township Volunteer Fire Association

**Emergency Services Certifications**

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Do you have and current certifications? Yes No

Firefighting                      Rescue                      EMS                      Fire Police

Include all certifications along with application.

**Junior Membership**

\*only complete if applicant is 16 but under the age of 18

Parent Legal Guardian

I hereby certify that this application is made with my full consent. Yes No

Also, the applicant is at least 16 of age. Yes No

Name Printed: \_\_\_\_\_

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

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Internal Use Only**

Active Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Active Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Membership Committee: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Application Reading: \_\_\_\_\_

Probationary is: Approved Denied                      Date: \_\_\_\_\_

Permanent Membership is: Approved Denied                      Date: \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Tags Issued:  Yes No                      ID Issued: Yes No

**Waiver and Release for Background Investigation**

I hereby grant permission for the Membership Committee of the East Whiteland Township Volunteer Fire Association (The "Association") to conduct a thorough investigation into my background, previous employment, education and references in order to ascertain if I am suitable for membership in the association. This background check will include, but not necessarily be limited to, interviews with my family, acquaintances, current and former employers, co-workers, neighbors, references, teachers and school officials. In addition, my credit history and record of criminal convictions may be investigated. I hereby release, indemnify and hold harmless the association and its officers, employees and members, from and against any and all liability that might result from conducting such investigation.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads: ***A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act.*** All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction MUST consist of *either* of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions. OR
2. By dating and signing of the following statement by the person swearing to the following: ***I have never been convicted of an offense that constitutes the crime of arson and related offenses. Under 18 Pa.C.S 3301 or any similar offense under any Federal or State law. I herby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00?***

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Name of Certification Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Guardian Signature: \_\_\_\_\_

Have you ever been convicted of any type of misdemeanor or felony? Yes No

If yes, please explain: \_\_\_\_\_

**IF YOU RESIDED OUTSIDE OF PENNSYLVANIA IN THE LAST 10 YEARS CONTACT [MEMBERSHIP@EASTWHITELANDFIRE.ORG](mailto:MEMBERSHIP@EASTWHITELANDFIRE.ORG) TO DICUSS FBI BACKGROUND CHECK**

## Medical Form

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**Physician: Tasks that personal could be required to complete at any given time:**

- Lift, carry, drag patients weighing 100 pounds or more
- Withstand high stress situations
- May be subject to emotional shock
- Respond to calls in the middle of the night
- Work in hazardous environments
- Be exposed to extreme heat and extreme cold for extended periods of time

Please list any medical conditions or Allergies the fire company should be aware of:

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I have recently examined the applicant and found no conditions which would prohibit him/her from properly performing his/her duties as a member of the East Whiteland Township Volunteer Fire Association

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_