



Upper Macungie Township Fire & Rescue Company

8330 Schantz Rd. - Breinigsville, PA 18031



Dear Applicant:

Thank you for your interest in joining Upper Macungie Township Fire & Rescue Company as a volunteer member. Please complete the attached application and return it along with the required documents at your earliest convenience, via email, by mail, or in person (M-F, 7:30 a.m. - 4p.m.).

- Email: pchrist@uppermac.org
- Mail / in person drop off:
Upper Macungie Township
Attn: Fire Commissioner
8330 Schantz Rd
Breinigsville, PA, 18031

You must return the application fully complete, along with the required background checks.

- Fill out and return the Application completed in its entirety.
- Fill out and return with your application these forms that are included with the application:
 - Disclosure and Authorization for Background Reports/Checks (Authorization to Obtain Information)
 - Driver's License Authorization Form, Sections C & E only (for Driver's history check)
- Complete the online Pennsylvania State Police criminal check request and return their criminal records check certificate with your application. **Free for Volunteers**
 - This needs to be done online by you at <https://epatch.pa.gov/home>
 - Click on: New Volunteer Record Check (volunteers only) button
 - Follow the instructions and fill out the information boxes to get your instant records check return online.
 - Once you receive your criminal records check certificate, print a copy and attach it to the application.
- Complete the online Pennsylvania Department of human Services "Child Abuse Clearance" form and return their clearance form with your application. (*If you have a Child Abuse Clearance that is less than a year old, please attach it to the application. You will have to complete the online clearance for a clearance one (1) year or older) **Free for Volunteers**
 - This needs to be done online by you.
Go to: <https://www.compass.state.pa.us/cwis/public/home>
 - Create New Account by clicking on "CREATE INDIVIDUAL ACCOUNT" button or log into your existing account by clicking on the "INDIVIDUAL LOGIN" button.
 - Complete the required fields and submit the application. A reply may take a few days, up to a week.
 - Once you receive your Child Abuse Clearance, print a copy and attach it to the application.

*If you have any questions please contact Peter Christ, Fire Commissioner, 610.395.4892 ext. 145 or email: pchrist@uppermac.org



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APPLICATION FOR VOLUNTEER STAFFING MEMBERSHIP

INSTRUCTIONS: Please complete this application completely and accurately. Accurate, legible completion of this application form is part of the departments screening process. All Statements are subject to verification. Incomplete or inaccurate applications will not be accepted. Supply all information requested; include copies of any certifications that you feel may be beneficial.

Name _____
Last First MI

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Email Address _____ Last 4 Of Social Security # _____

Driver's License Number _____ DL State _____ CDL? YES NO Expiry _____

Are you available to volunteer two (2) shifts per month? YES NO

**If accepted by the Volunteer Fire Company, you will be required to staff a minimum of 2 shifts per month.*

Do you understand that successful applicants are required to remain without facial hair to ensure a self-contained breathing apparatus mask will form a positive seal on the face? YES NO
(Moustache and short sideburns are acceptable as long as they do not affect the seal)

Are you legally authorized to work in the U.S.? YES NO

Are you 18 years of age or older? YES NO

Do you know a member(s) of a volunteer fire department within Upper Macungie Township? YES NO

If YES, Who _____

Have you ever been convicted of a crime? YES NO If YES, please explain:

EMPLOYMENT & SCHOOL INFORMATION

Are you currently employed? YES NO Full-time Part-time

Name of Employer _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Contact _____

If more than one employer:

Name of Employer 2 _____ Telephone _____

EDUCATION

Year Graduated High School or Earned GED: _____ From Where? _____

College/Trade School _____ Subject Major _____

Degree? YES NO

REFERENCES

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

AFFILIATIONS

☐ I am currently or have been a member of a Fire Department?

Agency Name _____ Position _____ Dates (from/to) _____

Address _____ City _____ State _____ Zip _____

Agency Name _____ Position _____ Dates (from/to) _____

Address _____ City _____ State _____ Zip _____

Agency Name _____ Position _____ Dates (from/to) _____

Address _____ City _____ State _____ Zip _____

STATE OR NATIONAL CERTIFICATIONS OR TRAINING

Certificate/Class Title _____ Issuing Body _____ Date _____

Certificate/Class Title _____ Issuing Body _____ Date _____

Certificate/Class Title _____ Issuing Body _____ Date _____

Certificate/Class Title _____ Issuing Body _____ Date _____

LIST ANY SPECIALIZED SKILLS OR TRAINING YOU CAN CONTRIBUTE WHICH WOULD BE OF BENEFIT TO UPPER MACUNGIE TOWNSHIP FIRE & RESCUE COMPANY:

RECOMMENDATION

Fire Chief from primary Fire Department, if applicable.

I, _____ Fire Chief of _____, hereby recommend
_____ to become part of the Upper Macungie Township Fire & Rescue
Company Staffing Program.

Signature

Date

The Volunteer Fire Departments within Upper Macungie Township provide equal opportunities to all volunteers/members and applicants and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

Statement of Certification and Understanding

**** Read this application and your answers carefully before signing. ****

I hereby certify that I am Applying for a volunteer firefighter staffing membership and that the statements made by me on this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith and authorize investigation of all statements contained in this application as may be necessary. I understand that if I have knowingly made a misstatement of these facts, I am subject to rejection and/or removal as a member of the Fire Company. I further understand that if I knowingly made any false statements regarding my criminal history, it may result in my removal as a Firefighter.

Applicant Signature

Date



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DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE BACKGROUND REPORT

In connection with your application to become a volunteer with Upper Macungie Township Fire & Rescue Company (herein after "the Organization") this notice is provided to inform you that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be obtained from a consumer reporting agency.

These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, motor vehicle records such as driving records, verification of education or employment history, social media or other background checks. They may involve personal interviews with sources/references such as your neighbors, friends or associates.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to the Organization

The scope of this notice and authorization is not limited to the present and, if you do serve as a volunteer, will continue and allow the Upper Macungie Township Fire & Rescue Company or any person or entity acting on its behalf to conduct future background screenings for retention or reassignment, unless revoked by you in writing.

Acknowledgement and Authorization

You hereby authorize the obtaining of a consumer report and/or investigative consumer report at any time after receipt of this authorization by the Upper Macungie Township Fire and Rescue Company or any person or entity acting on its behalf, and if you do serve as a volunteer, throughout your service, as permitted by law.

I release such persons and organizations from any legal liability in making such statements, listed above. I agree that the facsimile (fax), electronic or photocopy of this authorization shall be as valid as the original.

Applicant Full Name _____

Address _____ City _____ State _____ Zip _____

Social Security Number ____/____/____ Phone number _____

Other Name(s) Used _____ Date of Birth ____/____/____

Driver's License Number _____ State of Issue _____

Applicant Signature _____ Date _____

**This information will be used for background screening purposes only and no other purpose.



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

☐ BASIC INFORMATION: **\$14.00 FEE** (Driver history is **not** included)

☐ 3 YEAR DRIVER RECORD: **\$14.00 FEE**

☐ 10 YEAR DRIVER RECORD: **\$14.00 FEE** (Employment Purposes Only)

☐ FULL HISTORY: **\$14.00 FEE**

☐ CERTIFIED DRIVER RECORD: **\$44.00 FEE**

☐ COPY OF DOCUMENT FROM FILE (MICROFILM): **\$14.00 FEE**

☐ CERTIFIED COPY OF DOCUMENT FROM FILE: **\$44.00 FEE**

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

A REQUESTER INFORMATION NAME/COMPANY _____ ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____ SIGNATURE <u>X</u> _____ NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY _____ ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____
C DRIVER INFORMATION NAME: LAST _____ FIRST _____ INITIAL _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____ DATE OF BIRTH _____ DRIVER NUMBER _____ MONTH _____ DAY _____ YEAR _____	D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order --NOTE: Filed copy of certificate prerequisite MUST accompany subpoena). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)
E DRIVER RELEASE I _____ hereby request NAME OF DRIVER _____ the Department of Transportation to furnish a copy of my PA Driver's Record to _____ NAME OF PERSON/COMPANY _____ <u>X</u> _____ SIGNATURE OF DRIVER _____ DATE _____	I hereby Certify that _____ PRINTED NAME OF REQUESTER _____ will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include punishment of a fine not exceeding \$2,500, or to a term of imprisonment of not more than one year, or both. <u>X</u> _____ SIGNATURE OF REQUESTER _____ Title _____
F MICROFILM TYPE OF DOCUMENT _____ DATE OF VIOLATION _____ (see list of available documents below) Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Ignition Interlock Removal Letter • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 	NOTARIZATION SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR _____ <u>X</u> _____ SIGNATURE OF PERSON ADMINISTERING OATH <div style="border: 1px solid black; padding: 10px; text-align: center;"> S E A L SIGN IN PRESENCE OF NOTARY </div>

MESSANGER NO.

Fill out section "C" & "E" only