

North Hopewell-Winterstown Vol. Fire Company
YORK COUNTY, PENNSYLVANIA



STATION 45
12246 Winterstown Road
Felton, PA 17322
(717) 244-0138
www.nhvwfc.com

APPLICATION FOR NEW MEMBERSHIP

Name: _____ Phone #: _____

Address: _____

Date of Birth: _____ Gender: _____ S.S.#: _____

Driver's License or ID Card # _____ State: _____ Class: _____

Employer Name and Address: _____

Employer Phone #: _____ Occupation: _____

I am seeking membership as a/an (please check only one):

- Active Member- Firefighter, Fire Police or Medical Personnel
- Social Member- Primarily assists with fundraisers and social functions.

Have you been convicted of any traffic violations within the last 10 years? _____

If so, please list date and violation(s): _____

Have you ever been convicted of a criminal offense in any state? _____ If yes, list date and offense(s) here: _____

Are you currently a member of a volunteer fire company? _____ If yes, please list below: _____

Do you have any previous training related to being a firefighter or EMT? _____ If yes, please provide certificates with this application.

Have you resided in Pennsylvania for 10 or more years? _____

Please list two character references below that you are NOT related to:

Name: _____ Phone: _____
Name: _____ Phone: _____

Emergency Contact Information:

Name: _____ Phone: _____

Applicants that are under the age of 18 years of age require a work permit from their school district and permission from a Parent/Guardian. (Must be at least 14 years of age to seek membership)

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email address: _____

SIGNATURE of PARENT OR GUARDIAN: _____

All applicants must read and sign below

I acknowledge that all of the above listed information is true to the best of my knowledge and belief. I understand that willful falsification of this application and any other documentation will result in the application being rejected. I understand that I am required to provide a Pennsylvania State Police Background Check and Pennsylvania Child Abuse Clearance in addition to this application to further my membership process.

Signature: _____ Date: _____

Pennsylvania State Police Background Check is completed via <https://epatch.pa.gov/home> Click on "New Volunteer Record Check", check the box and click "Accept". In order to enter the website, please use our organization name and phone number listed on page 1 of this application. Once the required information is accepted, please print out the results and provide them with this application. **This background check is free of charge for volunteers.

Pennsylvania Child Abuse Clearance can be applied for at the following website: <https://www.compass.state.pa.us/cwis/public/home> You must obtain a log in to complete the application. Once submitted and approved, you will receive an official letter via mail to provide with this application. **This online clearance is free of charge for volunteers.

Administrative Use Only

Date Application Received: _____

Date Criminal History Completed: _____

Date Child Clearance Completed: _____

Fingerprinted Date (if required): _____

Date application presented at meeting: _____

Applicant Present at meeting for vote?: _____

Vote Outcome: Yes _____ No _____ (2/3) Majority Yes to accept