

Weisenberg Volunteer Fire Department

Mailing Address: 2175 Seipstown Rd., Fogelsville, PA 18051

Physical Address: 2500 Golden Key Rd., Kutztown, PA 19530



Welcome potential firefighters!

In order to maintain a high quality department, all personnel are reviewed by our membership team and state police before being voted on during our monthly administration meeting. During this evaluation period, additional information may be requested and references or known associates may be contacted.

Firefighter Application Requirements

1. **Age:** The applicant must be the minimum age of 14 years of age to apply.
2. **Residency:** The applicant must meet one of the following requirements:
 - Applicant is a resident of Weisenberg Township
 - If the applicant is not a resident of the township, their permanent residence location will be reviewed by the membership team according to department regulations.
 - The applicant works in Weisenberg Township and only being available for service, for those hours, should indicate that in the comments section of the form. These applicants will be reviewed on a case by case basis by the membership team.
3. Application forms must be filled out completely, accurately, and legibly.

Failure to meet any of these initial requirements or submitting an incomplete application will exclude the applicant from being reviewed by the membership team.

If you have any questions about the requirements or applications, please do not hesitate to stop by the station any Monday night after 6:30pm, or contact the membership team via email: membership@weisenbergfire.com

Thank you for your interest in serving our community!

Weisenberg Volunteer Fire Department Weisenberg Township, Pa.

APPLICATION FOR FIREFIGHTER MEMBERSHIP

The Weisenberg Volunteer Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. **It is our intention that all applicants are given equal opportunity to successfully complete a six (6) month probationary period before the final decision on membership is made by a fire department membership committee.**

INSTRUCTIONS

1. PLEASE PRINT OR TYPE your answers, except for the signature on the application.
Incomplete or illegible applications will not be processed.
2. Resumes and Certificates are accepted only as a supplement to the membership application.
3. Use blank paper if you do not have enough room on this application.
4. Applications without an affidavit signature on the last page will not be accepted.
5. Applicants are required to pass a PSP Background check.
6. Applicant must complete and provide a passing PA Child Abuse History Clearance.

Personal Information

Full Name (Last, First, Middle Initial): _____

Physical Address: _____

Mailing Address (if different from above): _____

Preferred Telephone: _____ Email Address: _____

Date of Birth: _____ City & State of Birth: _____

Are you a US Citizen or authorized to work in the US? YES or NO

Social Security Number (will be kept confidential): _____

Driver's License State & Number (if applicable, will be kept confidential): _____

Do you have a CDL License? YES or NO

If yes, provide Class & Endorsements: _____

Has your Driver's License ever been suspended or revoked? YES or NO

Marital Status: _____ Spouse's Name (if applicable): _____

Number of Dependents (if applicable): _____

Name of Dependents (if applicable): _____

Firefighting Experience and Training

Have you previously been a member of a fire department? YES or NO

If yes, list the departments below:

Department Name	City, State	From	Until

Are you a certified firefighter? YES or NO If yes, what level? _____

Are you a certified fire officer? YES or NO If yes, what level? _____

Do you have any other fire, EMS, or rescue certification? YES or NO

If yes, provide copies of your certifications with your application.

References

Have you previously ever applied for membership with our department? YES or NO

Are you presently a member of another fire department or EMS department? YES or NO

List any members of our department with whom you are acquainted.

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List three (3) references, other than relatives and other department members:

Name	City, State	Phone Number	Relationship

Emergency Contact Information

Contact Name: _____ Contact City & State: _____

Contact Relationship: _____ Contact Phone Number: _____

Why do you want to join our department?

Medical Information

Name of Physician (if applicable): _____ City & State: _____

Physician's Phone Number (if applicable): _____

Blood Type (if known): _____ Date of Last Tetanus Injection (if known): _____

Allergies: _____

Are you requesting a 'reasonable accommodation' be made for any condition that could impact your ability to be a firefighter? YES or NO

If yes, please explain below.

Are you currently taking any prescribed medication that may interfere with your ability to be a firefighter? YES or NO

If yes, please explain below.

Background Information

Have you ever been convicted of a crime (excluding traffic violations)? YES or NO

If yes, please provide the following information.

Charged Offense	City & County	State	Date	Disposition
<i>Use additional paper to provide more details if not enough space.</i>				

Have you been involved in any traffic accidents and/or issued a traffic citation in the last three (3) years? YES or NO

If yes, please provide the following information.

Charged Offense	City & County	State	Date	Disposition
<i>Use additional paper to provide more details if not enough space.</i>				

Have you graduated from High School or received your GED? YES or NO

(Optional) Have you attended any educational institutions after high school? YES or NO

(Optional) If yes, please provide the following information.

Institution Name	City & State	From/To	Degree/Concentration	Graduated?
				YES or NO
				YES or NO
				YES or NO
<i>Use additional paper to provide more details if not enough space.</i>				

AFFIDAVIT FOR FIRE DEPARTMENT MEMBERSHIP

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date. I understand that the Weisenberg Volunteer Fire Department may request an investigative report from a reporting agency or police department. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of membership it may be conditioned upon my successfully passing a complete pre-volunteering physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the duties for which I may be asked. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-volunteering drug screen as a condition of volunteering, if required.

I hereby swear (or affirm), under penalty of perjury or false swearing, that I have never been convicted, pleaded no lo contender, or been found guilty of the crime of arson or its related offenses. I have never committed nor engaged in any crime of false alarms to public safety agencies. I further swear that as part of this membership application, I have made full disclosure of any and all arrests, convictions, or adjudications for any other criminal offenses. I understand that if subsequent investigation reveals that I have falsified or otherwise misrepresented the true nature of any criminal offenses that involve me, I may forfeit my membership in the above named organization and be subject to the criminal penalties for perjury or false swearing.

Moreover, I understand that upon my termination of membership, I must return all personal protective equipment, uniforms, pagers, keys, etc.... In the event that I fail to return the items previously described, the Weisenberg Volunteer Fire Department may pursue legal remedies against me.

I fully intend to be bound hereby, by affixing my hand on this, the _____ day of _____ in the year _____.

Signature of Applicant: _____

Signature of Parent/Guardian of Applicant: _____

(if applicant under 18)

Printed Name of Applicant: _____

Printed Name of Parent/Guardian of Applicant: _____

(if applicant under 18)

Signature of Witness: _____

Instructions for Criminal Background Check & Child Abuse Clearance

PLEASE READ CAREFULLY

Our department requires all volunteers to pass both a PA State Police Criminal Background Check and a PA Child Abuse Clearance. These checks are provided at no cost to you or the organization.

Criminal Background Check Instructions: The Department will run the Criminal Background Check upon submission of your application and keep the results with your application. If there are questions or concerns as a result of the Criminal Background Check, we will contact you. There are no steps for you to take at this time.

Child Abuse Clearance Instructions: You are required to furnish a completed PA Child Abuse History Clearance prior to your application moving forward. To do this, you will need to go to the following website:

<https://www.compass.state.pa.us/cwis/public/home>

Then, complete the following steps:

1. Create an individual account - if you have done this in the past, you can use "Individual Login" to access your already existing account.
2. Follow the instructions on the screen to create your profile.
3. Login to your new profile and complete the application for a Child Abuse History Clearance. There is no fee to do this as you are a volunteer.
4. Keep records of any submission confirmation. Please let us know when you've submitted the application.
5. The check can take anywhere from a few hours to two weeks to come back from the agency. **When you receive your completed Clearance, provide the original copy to the fire department.** You should also keep a copy for your own records.
6. We will review your Clearance and then move forward with the application

Note that you may be asked to re-submit for a new Clearance at any time during your membership with our Department. Failure to do so could result in disciplinary action in accordance with our Department Bylaws and/or Standard Operating Guidelines.

If you have questions, contact membership@weisenbergfire.com or call 484-504-5100.

Thank you!

For Department Administration Use Only

Applicant Name: _____ Date Application Received: _____

Date Application Decided: _____ Disposition: APPROVED or REJECTED

If application approved:

Secretary

- Scan copy of driver's license or other state-issued ID and place in member file
- Provide the webmaster with the new member's email address
- Collect emergency contact form and place in member file, forward information to Membership Chair for upload into Emergency Reporting
- When the entire checklist is complete, place completed application in member file
- If firefighter* - collect copies of any existing certifications (such as CPR, FF1, EMS, etc.) and place in member file, scan copies, and send to Membership Chair for upload into Emergency reporting
- If firefighter* - take picture of new member and send to Membership Chair for upload into Emergency Reporting and for ID card

Webmaster

- Add new member to the appropriate mailing list
- Add new member to the appropriate section of the "Members" page on the website
- If firefighter* - add new member to Emergency Reporting, including their emergency contact information
- If firefighter* - upload any existing certification records into Emergency Reporting
- If firefighter* - add new member to Active911 and provide new member with their activation code

Fire Chief or other authorized officer

- If firefighter* - provide Probationary Firefighter packet
- If firefighter* - print out ID badge
- If firefighter* - provide building access
- If firefighter* - inform Quartermaster that new member requires gear, when appropriate

If application rejected:

Secretary

- Notate application, if necessary, and place in rejected application file

Membership Signature: _____ Date: _____

Secretary Signature: _____ Date: _____