

# Weisenberg Volunteer Fire Department

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

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



Welcome potential supporter of the Weisenberg Volunteer Fire Department!

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.

## Supporter Application Requirements

1. **Age:** The applicant must be the minimum age of 16 years of age to apply.
2. 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](mailto:membership@weisenbergfire.com)

Thank you for your interest in serving our community!

# Weisenberg Volunteer Fire Department Weisenberg Township, Pa.

## APPLICATION FOR SUPPORTER 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.

### INSTRUCTIONS

1. PLEASE PRINT OR TYPE your answers, except for the signature on the application.  
**Incomplete or illegible applications will not be processed.**
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: \_\_\_\_\_

Social Security Number (will be kept confidential): \_\_\_\_\_

**Why do you want to join our department?**

# References

Have you previously ever applied for membership with our 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: \_\_\_\_\_

# 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 Department owned property to the Department. In the event that I fail to return Department owned property, 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](mailto: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: \_\_\_\_\_