

WEST MANCHESTER TOWNSHIP FIRE DEPARTMENT




MEMBERSHIP APPLICATION



Lincolnway Fire Station
300 East Berlin Rd
York, PA 17408
(717) 792-0116

WMTFD Headquarters
380 East Berlin Rd
York, PA 17408
(717) 792-3505



Shiloh Fire Station
2190 Carlisle Rd
York, PA 17408
(717) 764-3920

PARTICIPATING



*The WMTFD is a Participating Department of the
Office of the State Fire Commissioner Certification Program*

DEPARTMENT

Dear Prospective Member,

Thank you for your interest in becoming a member of the West Manchester Township Fire Department (WMTFD). Your inquiry about membership with our organization demonstrates that you have the desire and willingness to serve your community in a very special way.

The WMTFD believes that its members are our most important resource. In this welcome packet, you will find a membership application. Also attached is a checklist to assist you in the process of completing the necessary forms. This application must be completed as instructed and returned with all the required documents. **There is a \$10.00 non-refundable application fee which must also be included.**

After receipt of the completed membership package, a review process will commence and will be conducted by the membership committee.

All applicants must have a PA State Police (<https://epatch.pa.gov/home>) and Child Abuse background check (<https://www.compass.state.pa.us/CWIS>) prior to submitting the application for membership.

If an application is found favorable for membership with the WMTFD, the name of the candidate will be presented to the general membership at the regularly scheduled monthly general business meeting. Depending on when you turn in your application, it could take up to 60 days for approval.

In accordance with Pennsylvania Child Labor Laws, prospective members between the ages of 14 and 18 must submit a valid Transferable Work Permit (also known as “working papers”) with the application. The Transferable Work Permit is available through most school district offices.

If you have any questions while working through this packet, please do not hesitate to contact our headquarters office.

Sincerely,

Clifton Laughman

Clifton Laughman
Chief of Fire & Emergency Services
West Manchester Township

MEMBERSHIP APPLICATION INSTRUCTIONS – PLEASE READ

**ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

To ensure that your membership application can be processed, please use this checklist when assembling the paperwork included in the membership packet.

- Complete the application in ink, **SIGN ALL FORMS.**
- Submit a request for a **FREE Pennsylvania Criminal History Background Check** online (SEE ATTACHED). Print the background results and attach them to the application when you submit it.
- Submit a request for a **FREE Pennsylvania Child Abuse Clearance** online (SEE ATTACHED). Print the background check results and attach them to the application when you submit it.
- If you have lived **in PA** for 10 or more years, complete the Volunteer Affidavit (SEE ATTACHED); **OR** if you have lived **outside PA** within the past 10 years, you must request an **FBI Clearance History Record Clearance** online (SEE ATTACHED). The FBI Clearance has a cost of \$25.75 if required. Print the background check results and attach them to the application when you submit it.
- If you are applying for membership, and already have specific emergency services training, please attach all certifications and course certificates to your application. Previous training is not required, but it is helpful.
- If applying for a firefighter or fire police position complete the Firefighter Physical Request Form.
- Submit the completed application, copies of all background checks and applicable forms attached to this application packet to either station.**
- \$10.00 Application Fee

For those applicants under age 18, MUST ALSO ATTACH:

- Parent Signature
- Transferable work permit (“working papers”) enclosed.

BACKGROUND CHECK INSTRUCTIONS

PA Criminal History Clearance - (Free for Volunteers)

1. Go to <https://epatch.pa.gov/home> and select “New Record Check (Volunteers Only)”, located in the center of the webpage, to initiate the application.
2. Read and accept the Term and Conditions by checking the box at the bottom indicating that you are making this request as an unpaid volunteer and hit accept.
3. Complete the personal information form and select “Next”
4. Confirm information and choose “Proceed” when satisfied.
5. Completed the Record Check Request Form and select “Enter This Request”. Choose “Finished” to submit.
6. Once the application is submitted, make sure to save the Request Date and the Control Number that is provided. This information is needed for retrieving the clearance in the future and should be stored in your personal records.
7. Once the application has been submitted, results will be returned in one of two methods:
 - a. Method 1 – Results posted immediately online:
 - i. Once the application has been submitted, if the status states “**No Record**”, your results have been completed and are posted online.
 - ii. To print a copy of the results, click on the link under the control #, click on “Certification Form” and print it.
 - b. Method 2 – Results not posted immediately
 - i. Once the application has been submitted, if the status states “**Request Under Review**”, your results are still being processed and will take 2 to 4 weeks to be returned. Results can be listed under review for a variety of reasons: common name, previous criminal history, etc.
 - ii. To monitor the status of your request, go to <https://epatch.pa.gov/home> and select “check status of a Record Check”. You will need the Control Number, First Name, Last Name, Date of Request (Please note this information must be entered exactly as you did on your original application).
 - iii. If results indicate “No Record”, proceed as indicated in Method 1 above. If results indicate “Record” your Act 34 clearance will be mailed to the address you provided.

PA Child Abuse Clearance - (Free for Volunteers)

1. Go to <https://www.compass.state.pa.us/cwis> and select “Create Individual Account”
2. Create a Keystone ID account
 - a. Once created, you will receive an email confirmation and temporary password – you must wait until you receive this information before moving forward with your application.
 - b. Click on the Child Welfare Portal link within your email or return to <https://www.compass.state.pa.us/cwis>
3. Select “Individual Login”
4. Select “Access My Clearances”
5. Select “Continue” after scrolling down to the bottom of the page
6. Re-enter your Keystone ID and temporary password, you will be prompted to create a permanent password.

7. Once your permanent password is created, you will be redirected back to the login page, enter your new password and Keystone ID
8. Agree to the Term and Conditions
9. Scroll to the bottom of the page and click “Continue”
10. Select “Create Clearance Application”
11. Follow the instructions outlined on the website to complete the application – use “Volunteers Having Contact with Children” as your application purpose.
12. Select “Finalize and Submit Application”
13. You will receive a confirmation email once your application has been successfully submitted (save this confirmation email for your personal records as proof of submission)
14. The PA Department of Human Services will process your application and you will receive an email notification of the outcome within 14 days. You can review the submitted application at any time through your Child Welfare Account login.
15. Once you receive an email of your results, print a copy.

FBI Criminal History Record Clearance – (Fee \$23.25 – Reimbursed if accepted into membership)

ONLY REQUIRED FOR APPLICANTS WHO HAVE LIVED OUTSIDE PA WITHIN THE LAST 10 YEARS.

1. It is important to note that the FBI Clearance is a fingerprint-based background check that is a **multi-step process**. You must complete the application **and** complete the fingerprinting process.
2. You must register prior to going to the fingerprint site.
3. Go to www.identogo.com
4. Select “Get Fingerprinted” in the top right corner.
5. Under the “Select the state you need to be fingerprinted for” select “Pennsylvania”.
6. Under the enrollment services select “Digital Fingerprinting”.
7. Enter the Service Code **1KG6ZJ** and click GO.
8. Select “Schedule or Manage Appointment”.
9. Complete all required information.
10. Schedule your fingerprinting at a facility that is suitable to you.
11. You will need to take a state or federal photo ID to the Fingerprinting site.
12. All ten fingers will be scanned and transmitted to the FBI. The process should take no longer than 5 minutes.
13. Identogo sites only accept credit or debit cards. They do not accept cash, checks, or money orders.
14. The Department of Human Services will receive the Federal Criminal History Record from the FBI and return the record to you via mail and email within 10 days. Please be sure to remember your information for logging in. You will only be permitted to access the online results one time.
15. If you do not receive your results within 10 days, contact the Department of Human Services at 717-783-6211.
16. Once you receive this record, make a copy for your application.



MEMBERSHIP APPLICATION

West Manchester Township Fire Department
380 East Berlin Rd * York, PA 17408 * (717) 792-3505



Personal Information

Last Name	First Name	Middle Initial	Date of Application	
Current Address – Street and Apartment		City	State	Zip Code
Day Telephone No.	Evening Telephone No.	Mobile Telephone No.	Email Address	
Occupation		Employer		
Driver's License – State/License No./Class/Expiration Date		List any Traffic Violations of which you have been found guilty.		

Fire Station Preference (Check One)

<input type="checkbox"/> Shiloh Fire Company Station 502 – Located at 2190 Carlisle Rd * York, PA 17408 * (717) 764-3920
<input type="checkbox"/> Lincolnway Fire Company Station 505 – Located at 300 East Berlin Rd * York, PA 17408 * (717) 792-0116

Membership Class (check one)

<input type="checkbox"/> Firefighter	Responds to fire calls, attends company meetings, and participates in fundraising
<input type="checkbox"/> Social Member	Attends meetings and participates in fundraising
<input type="checkbox"/> Junior/Cadet	14-15 years of age (junior) and 16-17 years of age (cadet)
<input type="checkbox"/> Fire Police	Responds to incidents that require scene security and/or traffic control.

Education History

High School Attended	Did you Graduate?	If No, do you have a GED
College Attended	Did you Graduate?	Major
Technical School Attended	Did you Graduate?	Major

Emergency Contact Information

Name 1.	Address	Telephone No.	Relationship
2.			

Security Information

Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction of a felony or misdemeanor will not automatically disqualify an individual from membership) If yes, please list date, city, and charge

Emergency Service Training Experience

Course/Program	Year Completed
Course/Program	Year Completed
Course/Program	Year Completed
Course/Program	Year Completed
Course/Program	Year Completed
Course/Program	Year Completed
List any other experience or skills that may be beneficial (ie. Fundraising, Administration, Clerical, Etc.)	

Prior Fire Department References

Are you presently, or have you been a member of another Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list company name, contact name, telephone number and dates active			
Company Name	Contact name	Telephone No.	Dates Active
1.			
2.			
3.			

Character References – Please list four (4) references for verification which are not related to you

Name	Relationship	Contact Number
Address		Member of any Fire Department
Name	Relationship	Contact Number
Address		Member of any Fire Department
Name	Relationship	Contact Number
Address		Member of any Fire Department
Name	Relationship	Contact Number
Address		Member of any Fire Department

Applicant Signature

All persons seeking "active" membership status (firefighter or fire police), shall provide evidence that he or she is medically capable to safely perform the duties outlined in the attached job tasks. The prospective member shall obtain medical clearance from a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO) provided by the Township. Approval shall be in written form stating that the physical has evaluated the member, and the member is medically capable of performing the duties outlined. Medical Clearance shall be obtained prior to any new member participating in firefighting or rescue duties including training.

By signing this application, I confirm that all of the information contained herein is true and correct to the best of my knowledge and that no intentional omission of requested information has occurred. Furthermore, I indicate by my signature below, that I grant permission for representatives of the West Manchester Township Fire Department to contact individuals, employers, educational and any other entities which become known through this verification process for the purpose of background verification. It is my clear understanding that this application may or may not result in membership of the West Manchester Township Fire Department and that the presence of criminal history or child welfare violations, and/or any false information included in the application, will preclude further processing of this application for membership and my application for membership will be denied.

Furthermore, if I am accepted into membership, I grant permission to the West Manchester Township Fire Department to repeat criminal background checks at a minimum every two years. The criminal background check, as received from the Pennsylvania State Police, may include arrest and conviction dates as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. The criminal history could contain information presumed to be expunged. In addition, I understand and agree to complete and provide a current Child Abuse Clearance check every five years as required by the Child Protective Services Act.

Applicants Signature	Date
Applicants Printed Name	
Applicants Maiden Name or other Aliases (Used for Future Background Checks)	
Parents Signature (For applicants under the age of 18)	Date
Printed Parent Name	

West Manchester Township Fire Department does not discriminate on the basis of race, age, color, national origin, marital status, sex, sexual orientation, or religious beliefs.

VOLUNTEER AFFIDAVIT



WEST MANCHESTER TOWNSHIP
FIRE DEPARTMENT

Date: Revision Date: 04/03/2024

Page 1 of 2

VOLUNTEER AFFIDAVIT
(Submitted in Lieu of Fingerprint-based FBI Clearance pursuant to 23 Pa.C.S.A. §6344.2(b.1))

I _____ swear/affirm that I am seeking a volunteer position and AM NOT required to obtain a certification through the Federal Bureau of Investigation, as:

- The position I am applying for is unpaid; and
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period

I swear/affirm that I have never been named as a perpetrator of a founded report of child abuse as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico, or a foreign nation, or under a former law of this Commonwealth.

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing death of a child)
- Section 4304 (relating to endangering the welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902 (b) (relating to prostitution and related offenses)
- Section 5903 (c) (d) relating to obscene and other sexual material and performances)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico, or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute ground for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity, or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity, or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the West Manchester Township Fire Department.

VOLUNTEER AFFIDAVIT



WEST MANCHESTER TOWNSHIP
FIRE DEPARTMENT

Date: 11/15/2017

Revision Date: 04/03/2024

Page 2 of 2

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity, or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____

WEST MANCHESTER TOWNSHIP FIRE DEPARTMENT

NFPA FIREFIGHTER PHYSICAL

FIREFIGHTER PHYSICAL REQUEST FORM

Member Name: _____ Member ID# _____

Date of Birth: _____ Phone Number: _____

Email: _____

Fire Department: *West Manchester Township Fire Department*

I, _____, am requesting permission to obtain an NFPA Firefighter Medical Physical Examination conducted on behalf of my Fire-Rescue Department by UPMC.

By signing this form, the member is acknowledging that this physical is for medical surveillance purposes only. It is the responsibility of the member to follow up on any medical issue discovered and the member will be financially responsible for that follow-up unless the issue is eligible for Workman's Compensation. The member is also acknowledging that this physical could impact his/her firefighting duties.

Signature of Member

Printed Name of Member

Date

Signature – Chief of Department

Printed Name – Chief of Department

Date

FOR INTERNAL USE ONLY

CANDIDATE – INVESTIGATOR CHECKLIST

Date Application Received	Received By:
Applicant Name:	Email:
Proof of Payment Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Verified By:
Applicant is an Adult: <input type="checkbox"/> PA Criminal History Clearance attached to application <input type="checkbox"/> PA Child Abuse Clearance attached to application <input type="checkbox"/> FBI Criminal History Record Clearance attached to application or Volunteer Affidavit	
Applicant is a Junior/Cadet: <input type="checkbox"/> Parent Permission Signature has been verified on the application <input type="checkbox"/> Applicant has provided a valid work permit attached to the application	

Membership Investigation Comments

Membership Investigator for Reference Checks	Background References Completed on this Date:
Reference Comments:	
Membership Investigator for Interview	Candidate Interview Completed on this Date:
Interview Comments:	
Membership Committee Recommendation <input type="checkbox"/> Candidate NOT recommended for Membership <input type="checkbox"/> Candidate IS recommended for Membership	
Committee Member Signature	
Committee Name (Printed)	