

# WEST MANCHESTER TOWNSHIP FIRE DEPARTMENT



## MEMBERSHIP APPLICATION

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

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

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



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

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 to the company for which you are applying for membership 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.state.pa.us>) 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 for voting at their 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 or any company for assistance.

Sincerely,

*Clifton Laughman*

Clifton Laughman  
Township Fire Chief

## MEMBERSHIP APPLICATION INSTRUCTIONS – PLEASE READ

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.
- Submit a copy of your Driver's License or State issued ID
- Submit the completed application, copies of all background checks and applicable forms attached to this application packet to the appropriate company membership committee or officer.**
- You should expect to be called for an interview with the respective companies membership committee or investigation committee and know that all of your references will be checked thoroughly.
- If approved, you will be entered into the personnel records management system and be introduced to the West Manchester Township Volunteer Training program.

### **For those applicants under age 18, MUST ALSO ATTACH:**

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

**PLEASE SUBMIT ALL REQUIRED DOCUMENTS WITH YOUR APPLICATION.  
INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.**

## BACKGROUND CHECK INSTRUCTIONS

### PA Criminal History Clearance - (Free for Volunteers)

1. Go to <https://epatch.state.pa.us/> 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 <http://epatch.state.pa.us/> 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 \$25.75 – 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.pa.cogentid.com](http://www.pa.cogentid.com)
4. Select “Department of Human Services (DHS)” on the main page.
5. Select “Register Online” under the registration section.
6. You have the choice to pay the fee online using a debit or credit card or at the fingerprinting site using money order or cashier’s check made payable to “3M Cogent”. No cash or personal checks will be accepted.
7. The “Reasons Fingerprinted” is “Employment with Significant Likelihood of Regular Contact with Children”.
8. Once registration is completed, print the “ticket” and proceed to the fingerprinting site of your choice for fingerprinting.
9. The locations and hours of operation can be found by clicking on “Find a Fingerprint Location” under the “Useful Links” on the main page of the website.
10. You will need to take a state or federal photo ID to the Fingerprinting site.
11. All ten fingers will be scanned and transmitted to the FBI. The process should take no longer than 5 minutes.
12. The Department of Human Services will receive the Federal Criminal History Record from the FBI and return the record to you via mail within 10 days.
13. If you do not receive your results within 10 days, contact the Department of Human Services at 717-783-6211.
14. 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       |          |
| Date of Birth  | Social Security No.   | Occupation   | Employer            |          |
| Driver's License – State/License No./Class/Expiration Date |                       | List any Traffic Violations of which you have been found guilty. |                     |          |

### Fire Company 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"/> | Active 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"/> | Contributing Member | Dues paying only and does not participate in firefighting, meetings, or fundraisers |

### 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 | Address | Telephone No. | Relationship |
|------|---------|---------------|--------------|
| 1.   |         |               |              |
| 2.   |         |               |              |

### Security Information

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

**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?  Yes  No  
 If yes, please list company name, address, telephone number and dates active.

1. \_\_\_\_\_ May we contact?  Yes  No – If no explain why.

2. \_\_\_\_\_ May we contact?  Yes  No – If no explain why.

3. \_\_\_\_\_ May we contact?  Yes  No – If no explain why.

**Character References – Please list five (5) 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 |
| Name    | Relationship | Contact Number                |
| Address |              | Member of any Fire Department |

**Notice of Need for Wellness Physicals (Active Firefighter Applicants Only)**

|   |      |
|---|------|
| <p>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). This clearance may be obtained from the prospective members personal physician or one 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. Written documentation shall be mailed to the office of the Township Fire Chief in original form. A photocopy SHALL NOT be acceptable. Medical Clearance shall be obtained prior to any new member participating in firefighting or rescue duties including training.</p> |      |
| Signature of Applicant  | Date |

**Applicant Signature**

|  |      |
|--|------|
| <p>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 your application for membership will be denied.</p> |      |
| Applicants Signature   | Date |
| 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: 11/15/2017

Revision Date: 11/15/17

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**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

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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: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

**CANDIDATE – INVESTIGATOR CHECKLIST**

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

|  |                        |      |
|--|------------------------|------|
| <input type="checkbox"/> Candidate is NOT recommended for Membership – Background Check Failure / Falsification of Application<br><input type="checkbox"/> Candidate IS recommended for Membership – Background Check / Reference Checks are Favorable |                        |      |
| Investigator Name (printed)  | Investigator Signature | Date |