



**Chinchilla Hose Company
Of
South Abington Township**

**113 Shady Lane Road
P.O. Box 311
Chinchilla, PA 18410**

Phone: (570) 586-5726 Fax: (570) 585-2008

Application for Membership

Instructions (Please read carefully prior to filling out application)

1. Your Application **MUST** be legibly in blue or black ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter **N/A**. Do **NOT** leave any blank spaces.
3. An accurate and complete application will help the membership committee expedite your application. Deliberate omissions and/or falsifications will result in immediate disqualification of your application.
4. Attach check or money order payable to “Chinchilla Hose Co.” for **\$3.00** Non-Refundable Application Fee, Current Year’s Dues, PA State Police Criminal History and PA Child Line Clearance.
5. All Junior Applicants (ages 14-18) must attach a current working permit; parent(s) and/or legal guardian(s) must also have application signed and be present during interview by membership committee.
6. Must attach copies of any Fire Fighting & EMS Certificates and/or Licenses.
7. Must complete criminal background & child abuse check (see instructions)
8. Must be interviewed by the Membership Committee

Please check one (1) of the following.

_____ **Active Members:** These members are residents of South Abington Township and shall join the company in order to assist with extinguishing Fires and/or EMS Calls and shall attend Fire-Fighting and/or EMS schools & classes to become more efficient. This member shall have a voice and a vote in all matters of the Fire Company and shall also receive benefits after five (5) years of service.

_____ **General Members:** These members are residents of South Abington Township or Non-Residents of South Abington Township who are not members of another volunteer Fire Company in this Commonwealth as their primary Company. These members shall join the company to assist with the extinguishing Fires and/or EMS Calls and shall attend Fire-Fighting and/EMS Schools & Classes to become more efficient. This member has a voice in company matters and will receive benefits after five (5) years of service. This member shall have NO vote at the annual election and is also not eligible for any elected officer position.

_____ **Associate Members:** These members are non-residents of South Abington Township. These members shall join the company in order to assist with extinguishing of Fires and/or EMS Calls and shall attend Fire-Fighting and/or EMS Schools & Classes to become more efficient. This member shall have a voice and vote in all matters of the Fire Company and shall also receive benefits after five (5) years of service. This membership class has a limit of twenty-five percent (25%) of the Active and General Members. If this class is closed the member will be a General Member or Member-at-Large.

_____ **Members-at-Large:** These members are non-residents of South Abington Township and are members of another volunteer Fire Company in this Commonwealth as their primary Company. These members shall join the company to assist with extinguishing fires, EMS calls, and fund raising activities. This member shall have a voice in company matters, but will have NO vote at the annual election, and will NOT be eligible for any elected officer position or any benefits.

_____ **Junior Member:** These members are both residents and non-residents of South Abington Township and are between the ages of fourteen (14) and eighteen (18). These members shall assist with extinguishing of Fires and/or EMS calls and shall attend Fire-Fighting and/or EMS schools & classes to become more efficient. These members shall also assist the company in maintaining its work, the protection of property from fires, fund raising activities, and promoting good citizenship in South Abington Township. These members are and will be governed under the Pennsylvania child labor laws. These members will have a voice in both the Senior & Apprentice Fire Company. In the Senior Fire Company, the member shall have NO Vote at the annual election and will be ineligible for any elected and/or appointed position. In the Apprentice Fire Company, the member shall be entitled to vote at its Annual Election and shall be eligible for elected and appointed officer position.

_____ **Auxiliary Member:** These members are both residents and non-residents of South Abington Township. These members assist the Fire Company in Fund Raising events, providing coffee and food services to the Fire Company for training activities and/or after Fire calls. Unless this member is also a Active, General, Associate, Members-at-Large, or Juniors, this member will receive benefits after five (5) years of service. In the Fire Company, this member also will have NO vote at the Annual Election, and will NOT be eligible for any elected and/or appointed position. In the Auxiliary this member shall have a voice and be entitled to vote at its annual election and be eligible for elected and appointed officer position.

Area(s) of Interest *(Please Circle all that apply)*

Fire Fighting / EMS / Fire Police / Administrative / Fund Raising / Driver

Name: _____

Address of Current Residence: _____

City/State/Zip: _____

How long have you lived at the above address? _____ Municipal of Residents: _____

Previous Address for past (3) years (use back if necessary): _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____

Social Security: _____ - _____ - _____ Drivers License or State ID No. _____ State: _____

Current Employer: _____ Address _____ How long _____

Previous Employer for past three (3) years (use back if necessary): _____

Have you ever applied to be a member or have you been a member of the company? (If so list when) _____

What are your intentions after becoming a member of this Department? _____

What Time of the Day are you mostly available? _____

Education: Please list all schools, colleges, and/or trade schools attended, number of years attended, as well as any degrees obtained. (Use back if necessary)

Please list any and all other fire and /or EMS departments where you are or have been a member (use back if necessary) _____ current / past (circle one)

_____ current / past (circle one)

_____ current / past (circle one)

If you have been in any branch of the Military, please describe duties performed, training you received, years of service. (use back of necessary)

Please list names, address, phone numbers of three (3) peoples who are **NOT** members of this department and who are **NOT** related to you to be used as a character reference.

Junior Membership

If the applicant is under the age of eighteen (18) at the time of application, they must begin membership as a Junior Member and will be subject to the child labor laws of this Commonwealth and the guidelines of this department. The applicant further understands that at age eighteen (18) his/her membership status will be changed to Active or Associate (based on residency of South Abington Township).

Active Membership

If applicant is applying for Active Membership, the applicant must provide proof of residency that he/she lives in South Abington Township (copy of Drivers License, Voters Registration Card, ect). Should applicant later no longer become a resident of South Abington Township, the applicant understands that the Board of Trustees may change his/her membership status to General or Associate.

Associate Membership

If the Applicant is applying for Associate Membership, the applicant understands that there is a limit number of members of twenty-five percent (25%) of the Active and General Members. The applicant understands that if the Associate Membership is closed and if the applicant is accepted into the company, he/she will be placed as a General Member or Member-at-Large and further understands that he will NOT be placed on any waiting list for Associate Membership. Should the applicant later become a resident of South Abington Township, he/she must submit proof of residence to the Board of Trustee of the Department to be considered to Active or General Status.

Members-at-Large

If the Applicant is applying for Members-at-Large, the applicant understands that this Department is not his primary company. The applicant further understands that he/she will receive no reimbursement for training schools & classes, but is free to attend any and all in-house Training and/or any training sponsored by this Department. Should the applicant later be no longer be a member of his/her primary company, become a resident of South Abington Township, or wish to change his/her membership status, the applicant must submit a request to the Department pursuant to its by-laws.

Ladies Auxiliary Membership

If the Applicant is applying for Ladies Auxiliary Membership, the applicant understands that she may also apply to the Senior (or Apprentice) Fire Department for membership. The applicant further understands that a copy of this application will be forwarded to the Auxiliary for their review and consideration for membership. Should the applicant be only a member of the Auxiliary and later wishes to join the Senior (or Apprentice) Fire Department, the applicant must submit a request to the Department pursuant to its by-laws.

Training Requirements

Because of the nature of the incidents which members of any fire companies and/or EMS respond to, there are training requirements for those who wish to respond to such incidents. These requirements differ depending on which area of service you are interested in, but exist in some form in each area of service. Application to this department acknowledges this requirement for training. This minimum requirement for the Fire Department is stated in its Standard Operation Procedures.

Criminal Investigation

As membership in this company provides a community service for which the public depends on at the time of an emergency, all applicants are processed through the Federal, State, and County crime files. A criminal history will not necessary disqualify for membership in this Fire Department. Should the applicant have any type of criminal history record, every consideration will be taken in reviewing the Applicant’s application to this Department.

Applicant’s Statement

By signing this application, I agree to allow “Chinchilla Hose Company” (Fire Department) and/or “South Abington Township” (Township) to investigate me for the purpose of determining my suitability to become a member. I authorize the Fire Company and/or Township to make such inquires as it deems necessary and I agree to hold the Fire Department & Township, its servants, officers, officials, members, employees, agents, and assigns harmless from any action that may result. Furthermore, if accepted into membership, I agree to abide by the By-Laws and Standard Operating Procedures of the Fire Department and its Relief Association, Apprentice Fire Co (for Juniors), and Auxiliary (for Ladies Auxiliary). I understand that this application will be held in strict confidence and that all information collected during the course of the investigation will remain confidential. I also understand that my membership status can be changed at any time by the Board of Trustees. I have completed this application to the best of my ability and certify that all information contained herein is correct to the best of my knowledge. I further certify that I have not knowingly withheld any information that could be material to your investigation.

Applicant’s Signature

Parent(s) and/or Legal Guardian(s)
Signature (if Minor)

____/____/____
Date

Chinchilla Hose Co. Sponsor Signature

Chinchilla Hose Company of South Abington Township

RELEASE AUTHORIZATION

TO: Employers, All Courts, Probation Departments, Selective Service Boards, Police Departments, United States of America Federal Government, State Government, County Government, Local Government, Education and/or other Institutions and/or Agencies without exception.

I am making application for membership to the Chinchilla Hose Company. As a result, an investigation is being conducted to determine my eligibility to this Department.

Therefore, you are hereby authorized to release to the Chinchilla Hose Company, or the Township of South Abington, and/or its representative any and all information, documentary and/or otherwise pertaining to me which are requested. I hereby release, discharge and/or exonerate the Chinchilla Hose Company, The Township of South Abington, its Members, Officers, Officials, employees, agents and/or, representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection, and/or collection of such documents, records, and/or other information of the investigation made by the Chinchilla Hose Company of South Abington Township.

I further understand that a Photostat copy, facsimile copy, and/or any other type reproduction of this authorization will be considered as effective as the original.

Name: _____ Social Security No. ____ - ____ - ____ Date of Birth ____/____/____

Applicant's Signature

Parent(s) and/or Legal Guardian(s)
Signature (if minor)

Witness Signature

____/____/____
Date

BACKGROUND CHECK INFORMATION

1. You must complete the attached Pennsylvania State Police Criminal Background History Form (SP-164) and authorize the Chinchilla Hose Company of South Abington Township to access your Criminal History Check. (The cost is included in your application fee)
2. You must complete the attached Pennsylvania Child Abuse History Clearance Form (CY-113) and allow the Chinchilla Hose Company of South Abington Township to submit the request. (The cost is included in your application fee)
3. If you ever lived in another state in your lifetime other than Pennsylvania, you must also complete an FBI Criminal Background check with fingerprints taken. You must go to https://www.pa.cogentid.com/index_dpw.htm to complete the FBI Criminal Background check. Please follow the instructions for registration and fingerprint locations. If you have lived in Pennsylvania for your lifetime and never resided anywhere else, you are not required to complete this check, but is suggested and recommended. (The cost is included in your application fee)

You are exempt from completing the background history if the following applies:

1. You are currently active in any law enforcement. You must attach to this application a copy of your Federal or State credentials, and proof that you are current.
2. If you already have had both the Pennsylvania Criminal Background, and the Pennsylvania Child Abuse clearance completed within the last year. You must attach a copy of both clearances to this application.
3. You are currently under 18 at time of application. (It is suggested, though not required that the Pennsylvania and if applicable the FBI criminal background history be completed.)

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. DO NOT send cash or personal check.
 Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170
 APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME _____
 STREET _____
 CITY, STATE _____
 ZIP CODE _____

| | | |
|--|---------------|--------------------|
| SOCIAL SECURITY NUMBER | | |
| AGE | DATE OF BIRTH | DAYTIME PHONE NO. |
| SEX <input type="checkbox"/> M <input type="checkbox"/> F | | COUNTY YOU LIVE IN |

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide central register), 6344 (relating to information relating to prospective child care personnel), 6344.1 (relating to information relating to family day-care home residents), and 6344.2 (relating to information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- Child Care Services Employee
- Foster Care Adoption School Employee
- Employment with a significant likelihood of regular contact with children
- Volunteers - A copy of your PROCESSED "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FD-258).
- DPW Employment & Training Program Participant
(signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE _____ OIM/CAO PHONE NUMBER _____

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

1. (LAST, FIRST, MIDDLE) _____
2. (LAST, FIRST, MIDDLE) _____
3. (LAST, FIRST, MIDDLE) _____
4. (LAST, FIRST, MIDDLE) _____
5. (LAST, FIRST, MIDDLE) _____

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1. _____
2. _____
3. _____
4. _____

HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

| NAME (Last, First, Middle) Do not use initials. | RELATIONSHIP | PRESENT AGE | SEX |
|---|--------------|-------------|-----|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

 APPLICANT'S SIGNATURE

 DATE