

# DELTA-CARDIFF VOLUNTEER FIRE COMPANY MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Phone No.: (    ) \_\_\_\_\_

Street Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver License No.: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone No.: (    ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Date of last physical, Month: \_\_\_\_\_ Year: \_\_\_\_\_ List any problems: \_\_\_\_\_

\_\_\_\_\_

List any serious injury or illness: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony crime? If yes, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Note: \$5.00 initial membership fee must be attached before application will be considered.*

<h2 style="margin: 0;">Membership Status Applying For</h2>	
<input type="checkbox"/>	<b>CADET:</b> Between the ages of 16 & 18
<input type="checkbox"/>	<b>ACTIVE:</b> Respond to at least 25% of calls, attend at least 6 meetings per year, attend training classes and drills.
<input type="checkbox"/>	<b>SUPPORTING:</b> Assist with fund raising and administration work
<input type="checkbox"/>	<b>FIRE</b>
<input type="checkbox"/>	<b>AMBULANCE</b>

<h2 style="margin: 0;">Cadets Applicants Only, Complete The Following</h2>
School Attending: _____
Mailing Address: _____
City: _____ State: _____
Zip: _____ Phone No.: (    ) _____
Homeroom Teacher: _____
Current Grade: _____
Attach a copy of your last report card to application. A valid work permit will be required upon application acceptance.

What time of day are you typically available? \_\_\_\_\_

Why do you want to join the Delta-Cardiff Vol Fire Co.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES (other than family)

### REFERENCE #1:

Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### REFERNECE #2:

Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you know anyone in the Delta-Cardiff Vol Fire Co? If so, please list: \_\_\_\_\_

I, the undersigned applicant, authorize the Delta-Cardiff Volunteer Fire Company to do a criminal background check on me. I also hereby give my permission to the Delta-Cardiff Volunteer Fire Company to utilize any information on the application in whatever investigative procedures are deemed necessary.

\_\_\_\_\_  
APPLICANT SIGNATURE & DATE

\_\_\_\_\_  
IF CADET APPLICANT – SIGNATURE OF PARENT OR GUARDIAN

## IN CASE OF EMERGENCY, NOTIFY:

Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone No.: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### MOTHER'S INFORMATION

Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### FATHER'S INFORMATION

Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Fire Company Use Only (below)

Interviewer's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interview's Name and Date of Interview: \_\_\_\_\_

**PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY  
(LEAVE BLANK)**

**PART I: TO BE COMPLETED BY REQUESTER  
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)**

DATE OF REQUEST

**\*\*\* TYPE OR PRINT LEGIBLY WITH INK \*\*\***

**NOTE:** IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

**WARNING:** A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME			
ADDRESS			
CITY	STATE	ZIP	

**CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)**

			-				-					
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**REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)**

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA." THE FEE IS NONREFUNDABLE.

FEE EXEMPT NONCRIMINAL JUSTICE AGENCY

**\*\*\* DO NOT SEND CASH OR PERSONAL CHECK \*\*\***

NAME/SUBJECT OF RECORD CHECK (LAST)		(FIRST)	(MIDDLE)	
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

**REASON FOR REQUEST (CHECK ONE BLOCK)**

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING)   
  ELDER CARE   
  CHILD CARE   
  SCHOOL DISTRICT  
 ADOPTION/FOSTER CARE  
 OTHER (SPECIFY)

**ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY**

- INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE—ENTIRE CRIMINAL HISTORY  
(AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

<b>REQUESTER CHECKLIST</b>  DID YOU ENTER THE FULL NAME, DOB, AND SOC? DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)? *** DO NOT SEND CASH OR PERSONAL CHECK ***  DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?	<b>AFTER COMPLETION MAIL TO</b>  PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday – Friday)
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**PART II: CENTRAL REPOSITORY RESPONSE ONLY** **\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\***

<b>INFORMATION DISSEMINATED</b>  <input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED	<b>INQUIRY DISSEMINATED BY</b>  _____	<b>SID NUMBER</b>  _____
THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.  <input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE <input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME	<b>CERTIFIED BY</b>  _____  (DIRECTOR, CENTRAL REPOSITORY)	

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.