

NEW MEMBER

ROCHESTER FIRE DEPARTMENT



Dear Applicant:

Thank you for your interest in becoming a member of the Rochester Fire Department. Our success as a community service organization depends on knowledgeable, educated, well trained, and dependable people who are willing to give their time and effort for a common goal. We are pleased to see your interest in being part of our family.

It is the mission of the Rochester Fire Department to prevent or minimize the loss of life, damage to the environment, and loss of property from the adverse effects of fire, hazardous conditions, natural or man-made disasters, and other emergencies in the Rochester community and surrounding neighborhoods through progressive training, commitment, and professionalism. It is further the mission of the Rochester Fire Department to provide fire prevention and educational programs to the public to mitigate the effects of fire; to provide a work environment that values diversity and is free of harassment and discrimination; and promote positive leadership within the organization.

To be considered for membership, please complete the following application in its entirety. Once the application is received, the Department's investigation committee will review the application, review and conduct required background checks, and make a recommendation to the Department for their consideration at a regular monthly meeting.

In addition to the written application process, it is also necessary to meet the requirements of the Pennsylvania Child Protective Services Law. All applicants must provide the Department with a Pennsylvania State Police Criminal Record Check Certification and Pennsylvania Child Abuse History Certification Form. There is no fee to receive either of these documents. A paper application to obtain these clearances has been enclosed with this packet. Alternatively, you may apply online at <https://epatch.state.pa.us/> and www.dhs.state.pa.us, respectively. **Any applicant that has not resided in Pennsylvania for the past 10 consecutive years, must also submit for an FBI criminal background check clearance, which includes fingerprinting. There is a cost associated with this clearance that is the responsibility of the applicant.**

Applicants applying for Junior Membership must acknowledge and sign SOG #37, provide a valid work permit, and have a parent or legal guardian signature.

Please allow for an average of one (1) month for action on your application.

Thank you again for your interest in volunteer service to you community through membership with the Rochester Fire Department.

APPLICATION FOR MEMBERSHIP

ROCHESTER FIRE DEPARTMENT



Membership type: Active Membership Junior Membership Associate Membership

PERSONAL INFORMATION:

Name: (Last, First, Middle) _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Have you Been a Resident of Pennsylvania for the Past 10 Consecutive Years? Yes _____ No _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Driver's License Number: _____ State: _____ Class: _____

FIRE SERVICE EXPERIENCE:

List any previous fire organization membership and fire service training, if applicable.

Organization: _____

Address: _____

Chief Officer: _____ Chief Officer's Contact Number: _____

Dates of Membership: _____ Reasoning for Leaving: _____

Rank or Positions Held: _____

Fire Service Training and Certifications: _____

EMPLOYMENT HISTORY:

Please list current employer and most recent previous employer.

Current Employer: _____ Occupation: _____

Address: _____

Supervisor: _____ Supervisor's Contact Number: _____

Dates of Employment: _____

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ROCHESTER FIRE DEPARTMENT



Past Employer: _____ Occupation: _____

Current Employer: _____

Address: _____

Supervisor: _____ Supervisor's Contact Number: _____

Dates of Employment: _____

REFERENCES:

Please list three (3) character references. References must be unrelated.

Name: _____ Occupation: _____

Address: _____

Contact Telephone Number: _____

Name: _____ Occupation: _____

Address: _____

Contact Telephone Number: _____

Name: _____ Occupation: _____

Address: _____

Contact Telephone Number: _____

EDUCATION:

Name of Last High School Attended: _____

City: _____ State: _____

Diploma Received: Yes _____ No _____ Year of Graduation: _____

Name of College or University: _____

City: _____ State: _____

Credits or Degree(s) Earned: _____

Other Relevant Training or Education: _____

APPLICATION FOR MEMBERSHIP

ROCHESTER FIRE DEPARTMENT



APPLICANT AUTHORIZATION:

I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that should the investigation disclose material misrepresentation, omissions, and/or falsifications, my application may be rejected, or if a member, my membership and all rights and privileges of my membership may be terminated.

I do hereby authorize the release of any and all information to the Rochester Fire Department that they may request, from any of my records or files. Such information may include, but will not be limited to military records, volunteer records, employment records, education records, criminal records, and transcripts, etc. I also release all persons from any and all liability, which could result from furnishing said information to the Rochester Fire Department.

Signature of Applicant: _____ Date: _____

Signature of Parent/Legal Guardian (If under 18): _____ Date: _____

For your Membership Application to be complete, the following must be attached:

- Pennsylvania State Police Criminal Record Check Certification
- Pennsylvania Child Abuse History Certification Form
- FBI Criminal Background Check Clearance (If Applicable)
- Acknowledgement of RFD Junior Firefighters SOG #37 (If Applicable)
- Valid Work Permit (If Applicable)

**PENNSYLVANIA
CHILD ABUSE HISTORY VERIFICATION
ROCHESTER FIRE DEPARTMENT**



Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|---|--|
| <input type="checkbox"/> Foster parent
<input type="checkbox"/> Prospective adoptive parent
<input type="checkbox"/> Employee of child care services
<input type="checkbox"/> School employee governed by the Public School Code
<input type="checkbox"/> School employee not governed by the Public School Code
<input type="checkbox"/> Self-employed provider of child-care services in a family child-care home
<input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service
<input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program
<input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children
If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:
<input type="checkbox"/> Big Brother/Big Sister and/or affiliate
<input type="checkbox"/> Domestic violence shelter and/or affiliate
<input type="checkbox"/> Rape crisis center and/or affiliate
<input type="checkbox"/> Other: _____
<input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">OIM/CAO PHONE NUMBER</div> </div> |
|---|--|

AGENCY/ORGANIZATION NAME:	PAYMENT AUTHORIZATION CODE, IF APPLICABLE:
<input type="checkbox"/> Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.	

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

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

1-888-QUERYPA (1-888-783-7972)

This form is to be completed in ink by the requester - (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY - RCPD 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEPHONE NUMBER		

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository.

By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$22 fee is being waived because of my status as an unpaid volunteer.

REQUESTER SIGNATURE (*Signature required for processing*)	DATE
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WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW- MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.