



East Brandywine Fire Company
2096 Bondsville Road
Downingtown, PA 19335



APPLICATION FOR MEMBERSHIP

Any questions regarding the application or process of membership,
please contact the membership secretary at:
ebfcmembership@gmail.com

Prior to submitting this application, please ensure the following
information and attachments are included:

- Fully completed & signed application – pages 1-4
- Fully completed & signed supplement – page 5
- Completed PA State Background Check – directions attached
- Completed PA Child Abuse Check – directions attached
- Copy of driver's license or state issued identification
- Copy of all related certifications
- Working papers (junior members only)
- Application fee & dues attached (\$15.00)
- Notify membership secretary of submitted application
ebfcmembership@gmail.com

Prospective members will be contacted by the membership secretary after
submission of application for an interview & overview of the fire company
and the membership process.

**We encourage your attendance at our weekly training nights prior to
your application and interview.**

These are held at the fire house every Wednesday evening at 7pm.

Thank you for your interest in becoming a Volunteer with the
East Brandywine Fire Company!

Personal Information

Applying for: Firefighter Emergency Medical Services
 Administrative Social Other: _____

Name: _____
Last First Middle

Address: _____
Number Street Apt

_____ City State Zip Code

Phone: Primary _____ Type? _____

Secondary _____ Type? _____

Have you resided outside of the State of Pennsylvania for any of the last 10 years? Yes No

Date of Birth: _____ Social Security Number: _____

***if applicant is less than 18 years old, a legal guardian must complete the Junior Member section**

Email: _____

Driver's License Information

License Number: _____ State: _____ Class: _____

Restrictions: _____ Expiration: _____

Have you been convicted within the last four years of driving under the influence of alcohol or drugs, and/or within the last two years, been convicted of reckless driving, and/ or ever had your driver's license suspended or revoked under a points system? _____

If yes, please describe in full on the reverse side or on an attached document.

Do you have access to a motor vehicle to respond to emergency calls? _____

Emergency Contact Information

Name: _____

Name: _____

Email: _____

Email: _____

Phone: Primary _____

Phone: Primary _____

Phone Secondary: _____

Phone Secondary: _____

Relation: _____

Relation: _____

Training Certifications

Check all that apply: use the back of this page or an attached document to list any fire certification and additional schools or courses attended (please attach copies of certifications).

- | | |
|---|---|
| <input type="checkbox"/> CPR | <input type="checkbox"/> Firefighter 1 |
| <input type="checkbox"/> First Responder | <input type="checkbox"/> HAZMAT Operations |
| <input type="checkbox"/> EMT, State / # _____ | <input type="checkbox"/> Basic Vehicle Rescue |
| <input type="checkbox"/> Other _____ | |

Emergency Services Experience

Please indicate any relevant experience in emergency services or other. We reserve the right to contact any organization or person involved with your experience.

Name & Location of Department: _____

Position and/or Rank Held: _____

Dates Served: _____

Reason for Leaving: _____

Officer in Charge: _____

Phone Number: _____

Additional Experiences: please check and use back of this page

Have you been expelled or suspended from this organization or any other fire company or emergency services organization? Yes No

If yes, please explain all circumstances on a separate sheet of paper, and attach to this application.

Personal References

Please choose references who have worked with you or can testify to your character and who will respond when we contact them. We reserve the right to contact anyone we believe may have information about you, regardless if you list them here or not. Please do not include any relatives. If you wish to provide additional references, please use the back of this sheet or an additional document.

Name: _____

Name: _____

Email: _____

Email: _____

Phone: Primary _____

Phone: Primary _____

Phone Secondary: _____

Phone Secondary: _____

Relation: _____

Relation: _____

East Brandywine Fire Company

Certification:

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years, which has not been annulled, expunged, or sealed by a court? _____ If yes, please describe in full on the reverse side or on an attached document.

I hereby apply for membership in the East Brandywine Fire Company with the understanding that I will not become a member until I have been elected into membership at a regular Fire Company meeting.

It is agreed and understood that any misrepresentation of information provided on this application may be considered an act of dishonesty, and reason for refusal to accept this membership application.

I agree that

“I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa.C.S 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00”

In signing this application, I agree to abide by all rules and regulations governing all members of the East Brandywine Fire Company while in the Fire Station, on any Fire Company property, or serving as a volunteer member of the Fire Company.

I certify that information given on this application is true and correct to the best of my knowledge and those false statements on this application are grounds for dismissal. I also knowingly and willingly permit East Brandywine Fire Company to investigate any and all information I have submitted.

Signed: _____
Applicant

Date: _____

A non-refundable application fee of \$10.00 is to be submitted with this request, along with the annual membership dues of \$5.00

For Internal Use Only:	
Sponsoring Fire Company Member: _____	Signature _____
Membership Secretary: _____	Signature _____
Date of Application Reading: _____	
Comments: _____	
Membership is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: _____
President's Signature: _____	Date: _____

Membership Application Supplement:

I understand an official criminal history record check will be obtained in accordance with Act 168 of 2005, also known as Senate Bill 583. The East Brandywine Fire Company may make a thorough investigation of all data or information supplied in my application and from the criminal history check.

I authorize any person, association, partnership or corporation to supply all information and/or documents pertaining to this investigation up to the date of my application.

Printed Applicant Name

Street Address	City	State	Zip Code
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Street Address (Previous address if less than 6 months at current address)	City	State	Zip Code
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Applicant's Social Security Number

Date of Birth

Applicant's Signature

Date

Background / Child Abuse Certification:

Pennsylvania State Law requires volunteers who “have direct contact with children or who are responsible for the welfare of a child” (under 18 years of age) to obtain both criminal background check and child abuse clearances once every 5 years.

Ref. 23 Pa.C.S. § 6344.4(1)(i).

As EBFC is an organization with a junior firefighting program EBFC therefore requires all members to comply with the state law.

The following checks are required based upon your previous residency:

A. Those who have resided in the Commonwealth continuously for at least the past 10 years will be required to obtain a Pennsylvania State Police criminal background check clearance (criminal history), as well as a Child Abuse History Clearance from the Department of Human Services.

-or-

B. Those who have resided in the Commonwealth for less than 10 years will be required to obtain a Pennsylvania State Police criminal background check clearance (criminal history), a Child Abuse History Clearance from the Department of Human Services, and an FBI criminal background check clearance, which includes fingerprinting.

Pursuant with the above regulation, you will be required every 5 years to complete this certification.

EBFC will reimburse or cover costs associated with acquiring these certifications.

Failure to comply:

The Membership Application may be revoked if the member fails to comply with this request.

Removal of Application from Consideration for Membership:

If all required background checks are returned with information that would be contrary to the Codes of Conduct, or the Core Values or other sections outlined in the Standard Operating Guidelines, the prospective member will be disqualified from being eligible from applying for membership.

Directions to complete the certifications are on the following pages

IF YOU REQUIRE AN FBI BACKGROUND CHECK PLEASE CONTACT

ebfcmembership@gmail.com

FOR INFORMATION ON COMPLETING THE FINGERPRINTING PROCESS

**YOUR MEMBERSHIP APPROVAL MAY BE DELAYED UNTIL CERTIFICATIONS
ARE COMPLETED AND RETURNED**

Pennsylvania State Police Background Check Directions

(REQUIRED FOR ALL APPLICANTS)

Cost: No Charge

Please utilize the following PA State Police background check tool.

Be sure to print out copies of the certification with the keystone logo in the background. We recommend 2 copies, one for us and one for your records.

Please place our copy in the "Membership Secretary" Mailbox as well in a sealed envelope with the Child Abuse Clearance (directions on the next page).

Here is the link (and directions)

<https://epatch.state.pa.us/>

1. Select "New Record Check" Volunteers Only
2. Check the acknowledgement box at the bottom and select "Accept"
3. Fill out the following fire company information in this section:

Reason For Request:	VolunteerFREE ▾	
Volunteer Organization Name:	East Brandywine Fire Company	*
Volunteer Organization Telephone Number:		
First Name:	Joseph	*
Middle Name:		
Last Name:	Monestere	*
Address Line 1:	2096 Bondsville Road	*
Address Line 2:		
City:	Downingtown	*
State:	Pennsylvania ▾	*
Zip:	19335	*
Country:	UNITED STATES ▾	
Email Addr:	ebfcmembership@gmail.com	
Phone Number:	6105176532	*

4. Confirm information (PROCEED)
5. Your personal information (ENTER THIS REQUEST)
6. The next screen will look the same, but you will see "View Queued Record Check Requests (1)"
Click this
7. Click the SUBMIT button
8. Your record will then process
9. Click your Control Number to view your report.
10. Click "Certification Form"
11. Click File > Print to print your certification
12. Staple Certification to Application

Child Abuse History Certification

(REQUIRED FOR ALL APPLICANTS)

Cost: Prepaid by EBFC

Prior to Completing the next step please email
ebfcmembership@gmail.com for a “Payment Code”
to be used later in the process.

To start the PA Child Abuse Background Check:

<https://www.compass.state.pa.us/Cwis/public/home>

1. Click link to “Create Individual Account”
2. Click “Next” on Create ID Screen
3. Complete Demographic information and security questions then click “FINISH”
4. You will then be sent 2 emails with information from The Commonwealth of Pennsylvania
 - a. Your username
 - b. Your Temporary Password

Click this link to return to the log in screen:

<https://www.compass.state.pa.us/CWIS/Public/AccountType>

1. Select “Access my Clearances”
2. Scroll down to the bottom and select “Continue”
3. Type in your user name and password.
4. You will then be prompted to change your password.
5. You will then be brought to the “Terms and Conditions Page.” Read the disclosures, select I agree, then select “NEXT”
6. Select “NEXT” on the Learn More Page
7. Select “Create Clearance Application” on the MY PA Child Abuse History Clearances page
8. Select “NEXT” on the Getting Started Page
9. For Application Purpose you will select “Volunteer having contact with children...”
10. A drop down menu will appear, fill-in Volunteer Category to “OTHER” and Agency name is “East Brandywine Fire Company”
11. Fill in all appropriate information on the next pages
12. Select Yes to have it mailed to you as well for your records.
13. Add all personal addresses you have legally resided on the next screen since 1975.
14. Next add household members.
15. Confirm all information
16. Next Page is the e-signature page:
17. Answer accordingly, and Type in your name as you wrote earlier.
18. For application Payment, select YES for that your organization provided you with a code.
19. Enter the code that you requested earlier from ebfcmembership@gmail.com.
20. Submit your request.
21. Within 14 days you will receive the outcome.
22. Email your document to ebfcmembership@gmail.com or Print and attach to your application.