

# Downingtown Fire Department

**Alert Fire Company**

**Minquas Fire Company**

To Fire Company Applicants:

3 items need to be filled out

1.) Membership Application

Fill out paperwork and return it to the fire company.

2.) PSP Volunteer Criminal Background Check

Fill out paperwork and return it to the fire company.

3.) Child Clearance Application

Online Application: An email from Brad Cosgrove (Minquas) will be sent with instructions to complete the form.

May 27, 2016

# DOWNINGTOWN FIRE DEPT. – VOLUNTEER MEMBERSHIP APPLICATION

## ALERT FIRE CO. NO. 1

122 W. Pennsylvania Ave.  
Downingtown, PA 19335  
Phone: 610-269-0454  
[www.alertfire.org](http://www.alertfire.org)

## MINQUAS FIRE CO. NO. 2

141 Wallace Ave.  
Downingtown, PA 19335  
Phone: 610-269-2797  
[www.minquasfire.org](http://www.minquasfire.org)

ALERT FIRE CO. No. 1: \_\_\_\_\_ MINQUAS FIRE CO. No. 2: \_\_\_\_\_ (Please Choose One Company) DATE: \_\_\_\_\_

FIRE: \_\_\_\_\_ EMS: \_\_\_\_\_ FIRE POLICE: \_\_\_\_\_ SOCIAL: \_\_\_\_\_

### APPLICANT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INT: \_\_\_\_\_ DOB: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT./UNIT No: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SOCIAL SECURITY No: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT (NAME/PHONE): \_\_\_\_\_

DO YOU HAVE PRIOR EMERGENCY SERVICES EXPERIENCE?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED, INDICTED AND CONVICTED OF A MISDEMEANOR OR FELONY? OR, HAVE BEEN A DEFENDANT IN A CRIMINAL PROCEEDING?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

### PHYSICAL CONDITION

DO YOU HAVE ANY PHYSICAL OR HEALTH LIMITATIONS THAT COULD INTERFERE WITH YOUR PERFORMANCE AS A FIREFIGHTER OR EMERGENCY RESPONDER?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

### EDUCATION

HIGH SCHOOL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DID YOU GRADUATE? YES: \_\_\_\_\_ NO: \_\_\_\_\_ DEGREE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DID YOU GRADUATE? YES: \_\_\_\_\_ NO: \_\_\_\_\_ DEGREE: \_\_\_\_\_

OTHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DID YOU GRADUATE? YES: \_\_\_\_\_ NO: \_\_\_\_\_ DEGREE: \_\_\_\_\_

**DRIVER'S LICENSE No. AND STATE WHERE ISSUED:** \_\_\_\_\_

**OTHER SKILLS AND/OR TRAINING**

PLEASE LIST ANY OTHER SKILLS OR TRAINING THAT YOU MAY HAVE, THAT HAS NOT BEEN PREVIOUSLY LISTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

*PLEASE LIST THREE PROFESSIONAL/PERSONAL (NON-RELATIVE) REFERENCES:*

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
**COMPANY:** \_\_\_\_\_ **PHONE No:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

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**COMPANY:** \_\_\_\_\_ **PHONE No:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
**COMPANY:** \_\_\_\_\_ **PHONE No:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**CURRENT EMPLOYER**

**COMPANY NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE No:** \_\_\_\_\_  
**SUPERVISOR:** \_\_\_\_\_ **YEARS OF SERVICE:** \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I affirm, subject to the penalties for perjury, that the statements by me, contained herein on this application are to the best of my knowledge and belief, true and correct. And, I further give the Downingtown Fire Dept. and/or the Borough of Downingtown authorization to investigate my background, by completing the enclosed Pennsylvania State Police Criminal Record Check and the Pennsylvania Child Abuse History Clearance forms. If you have resided outside of Pennsylvania within the past ten years, you will need to complete an FBI Fingerprinting check, as well.

Please include \$10.00 in cash or check, made payable to the Alert Fire Co. No. 1 or the Minquas Fire Co. No. 2, as your membership dues. If your application is denied, this money will be returned to you. Incomplete applications may be returned to the applicant.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DOWNTOWN FIRE DEPT. USE ONLY**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

INVESTIGATING COMM. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FINANCIAL (MEMBERSHIP) SECRETARY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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	DOWNTOWN FIRE DEPARTMENT
ADDRESS	4 W LANCASTER AVE
CITY/STATE/ ZIP CODE	DOWNTOWN PA 19335
TELEPHONE NO. (AREA CODE)	610-269-0344

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

<b>SUBJECT OF RECORD CHECK</b>				
(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		
<b>The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information <i>contained in the files of the Pennsylvania State Police Central Repository only.</i></b>				
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 \$8 fee is being waived because of my status as an unpaid volunteer.				
REQUESTER SIGNATURE <small>(*Signature required for processing*)</small>		DATE		
<b>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.</b>				