



# BETHEL PARK VOLUNTEER FIRE COMPANY

5213 BRIGHTWOOD ROAD • BETHEL PARK, PENNSYLVANIA 15102

## MEMBERSHIP APPLICATION

Thank you for considering membership to the Bethel Park Volunteer Fire Company.

- The application packet contains forms that need to be completed.
- The following are instructions pertaining to the application process.
- If you have any questions during this process, please contact Recording Secretary Edward Schmidt at (412)559-8491).

1. You must be present at a Regular Monthly Membership Meeting, which are held at 7:00 PM on the second Monday of each month so your application can be read, and you can be introduced to the membership of the Fire Company.

- Our meetings are held in the Meeting Hall at our Brightwood Road Fire Station, 5213 Brightwood Rd. Bethel Park, Pa. 15102.

The Completed application must be turned in to the Recording Secretary of the Fire Company along with \$3.00 dues for the first year of membership.

2. Within the next two (2) weeks, you must complete the following in order to be considered for membership at the next Board of Directors meeting.

- A. Physical Examination
- B. Physical Agility Test (conducted at the Brightwood Rd. Fire Station)
- C. Alcohol and Drug Screen Testing

3. You must then attend a Board of Directors Meeting, which are held at 7:00 PM on the fourth Wednesday of each month, to be interviewed by the Board of Directors.

4. Following the interview, and if all background check documents are received by the Board, the Board of Directors will vote on your application. If the vote is favorable, you will be admitted into membership as a Probationary Member.

**Notes**

1. The Alcohol and Drug Screen Testing is paid for and will be billed directly to the Fire Company, unless you fail the test.
2. Should you fail the Alcohol and Drug Screen Testing, the cost for the testing will be your responsibility, and will result in your dismissal from the Fire Company
3. The Medical/Physical Examination is the responsibility of the applicant.

I have read and understand the above requirements for membership application to the Bethel Park Volunteer Fire Company.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE



## Application for Membership Bethel Park Volunteer Fire Co.

5213 Brightwood Road  
Bethel Park, PA 15102  
(412) 853-4152

### General Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ e-mail: \_\_\_\_\_

Single     Married     Divorced     Other    Age: \_\_\_\_\_

If married, spouses name: \_\_\_\_\_

Children: \_\_\_\_\_

### Medical

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

### Drivers Info

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Employment

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Can we contact your employer to  
verify your employment:

Yes     No

Employers Phone : \_\_\_\_\_ Years Employed Here: \_\_\_\_\_

**Education**

Grade School: \_\_\_\_\_ Years Attended: \_\_\_\_\_

High School: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Graduated: Y / N

College/Business/Trade: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Graduated: Y / N

Special Skills and/or Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Criminal History**

Do you have any current arrests and/or convictions for misdemeanors or felonies? Y / N

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has your driver's license ever been suspended or revoked? Y / N

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Military Service**

Branch of Service: \_\_\_\_\_ Last Rank: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Present Status: \_\_\_\_\_

Special Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Fire Fighting Experience**

Have you ever been a member of another fire department?    Yes             No

If yes, please provide the following information and attach any certifications earned:

Fire Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Fire Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Fire Schools/Training Attended: \_\_\_\_\_

Line Officer Positions/Commendations/Awards: \_\_\_\_\_

**References**

Please list three references other than relatives:

Name	Phone Number	Relationship

"I hereby certify that the information contained in this application form, is true and correct to the best of my knowledge. I fully understand that any falsifications on said application would be grounds for the disqualification of the applicant. I hereby authorize the Bethel Park Volunteer Fire Company to have a criminal history, driving record, child abuse history and personal reference checks performed by an independent investigator, an investigation by the Bethel Park Police Department and or any authorized member of the Bethel Park Volunteer Fire Company. The criminal history and Child abuse check may include a local and national police check.

I understand that if my application is accepted by the Bethel Park Volunteer Fire Company Board of Directors and also approved by the membership of the Bethel Park Volunteer Fire Company that I will be on Fire Company probation for a period of at least twenty four (24) months. After twelve months of my probationary period the fire department Membership may terminate my membership for any reason deemed valid according to our by-laws.

All qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, disabilities or age (40 and over). All information requested on this application form is solicited for the purpose of determining abilities and skills required for membership into the Bethel Park Volunteer Fire Company and to facilitate verification of the information requested.

I hereby acknowledge that I have read this section of the membership application and fully understand the meaning and effect of signing this form."

I understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of membership.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

# PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I 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

### 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 COUNTY YOU LIVE IN

M  F

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

(FIRST, MIDDLE, LAST)

(FIRST, MIDDLE, LAST)

### PURPOSE OF CLEARANCE (Check ONE block ONLY)

- CHILD CARE  
 FOSTER CARE  
 ADOPTION  
 SCHOOL

VOLUNTEERS-A copy of your PROCESSED "Request for Criminal Record" (Form SP4-104) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).

CWEP (Community Work Experience Program Participant)

SIGNATURE OF CAO REP CAO PHONE NO

### PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

### HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) 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

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

## SECTION II RESULTS OF HISTORY CHECK

APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.

APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER

DATE

VERIFIER'S SUPERVISOR

DATE



# BETHEL PARK VOLUNTEER FIRE COMPANY

5213 BRIGHTWOOD ROAD · BETHEL PARK, PENNSYLVANIA 15102

**Bethel Park  
Volunteer Fire Company  
Child Abuse Check  
Release Form**

---

Date: \_\_\_\_\_

I, \_\_\_\_\_, grant the Bethel Park Volunteer Fire Company permission to check my personal child abuse background information for acceptance into the Fire Company. All information will be kept confidential and only the Board of Directors and the Line Officers to review.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date







# BETHEL PARK VOLUNTEER FIRE COMPANY

5213 BRIGHTWOOD ROAD · BETHEL PARK, PENNSYLVANIA 15102

## Bethel Park Volunteer Fire Company Background Check Release Form

Date: \_\_\_\_\_

I, \_\_\_\_\_, grant the Bethel Park Volunteer Fire Company permission to check my personal background information for acceptance into the Fire Company. All information will be kept confidential and only the Board of Directors and the Line Officers to review.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)  
**DO NOT SEND CASH**



PA Department of Transportation • Bureau of Driver Licensing  
 P.O. Box 80895 • Harrisburg, PA 17100-8095

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

**CHECK (✓) ONE ONLY:**

- BASIC INFORMATION: \$5.00 FEE (Driver history is not included)
- 3 YEAR DRIVER RECORD: \$5.00 FEE
- 10 YEAR DRIVER RECORD: \$5.00 FEE (Employment Purposes Only)

- CERTIFIED DRIVER RECORD: \$10.00 FEE
- COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE
- CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT's Web site at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

<p><b>A REQUESTER INFORMATION</b></p> <p>NAME/COMPANY  <b>Bethel Park Volunteer Fire Company</b></p> <p>ADDRESS (P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.)  <b>5213 Brightwood Road</b></p> <p>CITY STATE ZIP CODE  <b>Bethel Park PA 15102</b></p> <p>DAYTIME TELEPHONE NUMBER (REQUIRED) ( 412 ) <b>559-8491</b></p> <p>RELATIONSHIP TO DRIVER (REQUIRED) <b>Recording Secretary</b></p> <p>SIGNATURE <u>X</u>                  NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD</p>	<p><b>B END USER OF INFORMATION BEING REQUESTED</b></p> <p>NAME/COMPANY  <b>Bethel Park Volunteer Fire Company</b></p> <p>ADDRESS (P.O. Box not acceptable) need to provide physical location of business/office  <b>5213 Brightwood Road</b></p> <p>CITY STATE ZIP CODE  <b>Bethel Park PA 15102</b></p> <p>DAYTIME TELEPHONE NUMBER (REQUIRED) ( 412 ) <b>559-8491</b></p> <p>RELATIONSHIP TO DRIVER (REQUIRED) <b>Recording Secretary</b></p>
<p><b>C DRIVER INFORMATION</b></p> <p>NAME: LAST FIRST INITIAL</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE ZIP CODE</p> <p>PHONE NUMBER</p> <p>DATE OF BIRTH: MONTH DAY YEAR DRIVER NUMBER</p>	<p><b>D AFFIDAVIT OF INTENDED USE</b></p> <p>Intended Use of the Information Requested: CHECK ONLY ONE</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> B = Driver Renewal (Driver must complete Section E.)</li> <li><input type="checkbox"/> C = Credit (in connection with a credit transaction involving the driver.)</li> <li><input checked="" type="checkbox"/> E = Employment (to support the hiring or the continuation of employment. Driver must complete Section E.)</li> <li><input type="checkbox"/> I = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.</li> <li><input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order).</li> <li><input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)</li> </ul> <p>I hereby certify that <u>Bethel Park Volunteer Fire Company</u>                  PRIVATE NAME OF REQUESTER                  will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa. C.S. Section 4903(n)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.</p> <p>SIGNATURE OF REQUESTER: <u>X</u>                  TITLE: <u>Recording Secretary</u></p>
<p><b>E DRIVER RELEASE</b></p> <p>I _____ hereby request                  NAME OF DRIVER                  the Department of Transportation to furnish a copy of my PA Driver's Record to <u>Bethel Park Volunteer Fire Company</u>                  NAME OF PERSON/COMPANY</p> <p>SIGNATURE OF DRIVER: <u>X</u> DATE _____</p>	<p><b>F MICROFILM</b></p> <p>TYPE OF DOCUMENT DATE OF VIOLATION</p> <p>(see list of available documents below)</p> <p>Documents Available:                  • Citations • Suspension Credit Affidavits                  • Court Certifications • Suspension/Revocation Letters                  • Applications • Restoration Letters                  • License Renewals • Rescind Letters                  • Judgments • Department Hearing or Exem Notice</p>
<p>MESSANGER NO. _____</p>	
<p><b>NOTARIZATION</b></p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR</p> <p>SIGNATURE OF PERSON ADMINISTERING OATH: <u>X</u></p> <p><b>SEAL</b></p> <p>SIGN IN PRESENCE OF NOTARY</p>	



# BETHEL PARK VOLUNTEER FIRE COMPANY

5213 BRIGHTWOOD ROAD • BETHEL PARK, PENNSYLVANIA 15102

**Bethel Park  
Volunteer Fire Company  
Driver's Record  
Release Form**

---

Date: \_\_\_\_\_

I, \_\_\_\_\_, grant the Bethel Park Volunteer Fire Company permission to check my personal driving record for acceptance into the Fire Company. All information will be kept confidential and only the Board of Directors and the Line Officers to review.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date