

**Jefferson Township Volunteer Fire Company  
- Station 29 -**

405 Cortez Road, Jefferson Twp. PA. 18436  
Station: 570-689-2829  
29FireRescue@gmail.com  
www.29FireRescue.com



President – Benjamin Shaffer

Fire Chief – Donnie Wallace

**Application for Membership**

BASIC INFORMATION			
Last Name:		First Name:	Full Middle Name:
Date of Birth: / /	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number: — —
Current Mailing Address:			
Home Phone: ( ) -		Cell Phone: ( ) -	Cell Phone Carrier/Service Provider:
E-Mail Address:		Driver License Number:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Emergency Contact Name:		State: _____ Type (Class): _____  Expiration: _____
Spouses Name:	Emergency Contact Phone: ( ) -		
	Emergency Contact Relationship:		

AVAILABLE POSITIONS	
Please select <u>ONE</u> of the following positions for which you would like to apply	
<p><b>Adult Member</b></p> <ul style="list-style-type: none"> <li>This category of membership is for prospective applicants that are 18 years or older who desire to actively participate in the Company. This can include attending Company meetings, voting on Company matters, participating in Company functions and providing operational support to the Company, by maintaining the firehouse/property/equipment, organizing or assisting with approved fundraisers, assisting with recruitment or other administrative tasks.</li> <li>Members that desire to actively undertake emergency functions, including but not limited to fire fighting, providing rescue services and fire police, shall also be included in this category of membership</li> </ul>	
<p><b>Junior Member</b></p> <ul style="list-style-type: none"> <li>This category of membership allows prospective applicants between the ages of 14 thru 17 to get involved in the volunteer fire company and if interested, learn about firefighting and/or the fire company in a controlled environment.</li> <li>Interested minors can actively participate in company functions and voice their opinion on company matters but cannot hold office or vote on company matters.</li> <li>Interested minors may be eligible to participate in various fire &amp; rescue duties and training at the discretion of the fire chief.</li> <li>Parental permission is required to pursue this category of membership and certain restrictions may apply.</li> <li>Prospective minors in this category must adhere to all requirements of the "Pennsylvania Child Labor Laws". (Act of 1915, P.L. 286, No. 177) and must maintain an overall "C" average in school.</li> </ul>	

## EMPLOYMENT INFORMATION

*If unemployed, list last employer and end date*

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

Position Title: \_\_\_\_\_ How long employed here: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Work Schedule:

- ☐ Straight Days      ☐ Straight Nights  
☐ Straight Evenings      ☐ Rotating Shift

### Shift Length:

- ☐ 8 Hour Shifts      ☐ 12 Hour Shifts  
☐ 10 Hour Shifts      ☐ Other: \_\_\_\_\_ Hour Shifts

## MILITARY SERVICE INFORMATION

1. Have you ever served in the Armed Services? Yes      No

a. If yes, what branch: \_\_\_\_\_

b. Date of Service: from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

c. Type of Discharge: \_\_\_\_\_

## PREVIOUS TRAINING

*Please submit copies of any certifications you may hold or any classes you may have attended*

- |                                          |                                                        |                                                                |
|------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> None            | <input type="checkbox"/> Essentials of Firefighting    | <input type="checkbox"/> Basic Vehicle Rescue – Awareness      |
| <input type="checkbox"/> CPR             | <input type="checkbox"/> Firefighter 1                 | <input type="checkbox"/> Basic Vehicle Rescue – Operations     |
| <input type="checkbox"/> First Aid       | <input type="checkbox"/> Firefighter 2                 | <input type="checkbox"/> Basic Vehicle Rescue – Technician     |
| <input type="checkbox"/> First Responder | <input type="checkbox"/> Basic Rigging for Rope Rescue | <input type="checkbox"/> Emergency Vehicle Operators Course    |
| <input type="checkbox"/> EMT-B           | <input type="checkbox"/> Engine Company Operations     | <input type="checkbox"/> Hazardous Materials Awareness (R & I) |
| <input type="checkbox"/> Paramedic       | <input type="checkbox"/> Pump Operations 1             | <input type="checkbox"/> Hazardous Material Operations         |
| <input type="checkbox"/> PHRN            |                                                        |                                                                |
| Other: _____                             |                                                        |                                                                |

## PERSONAL REFERENCES

Name	Address	Phone #	Relationship	Years Known
1.				
2.				
3.				
4.				

## BACKGROUND INFORMATION

*circle your answers below and provide additional details if required*

<b>1. Have you ever applied for membership with us before?</b>	<b>Yes</b>	<b>No</b>
a. If yes, when: _____		
<b>2. Have you ever applied for membership with any other fire or ambulance company before?</b>	<b>Yes</b>	<b>No</b>
a. If yes, please list, starting with most recent:		
Company Name: _____	Location: _____	Year Applied: _____ # Years Present: _____
Company Name: _____	Location: _____	Year Applied: _____ # Years Present: _____
Company Name: _____	Location: _____	Year Applied: _____ # Years Present: _____
Company Name: _____	Location: _____	Year Applied: _____ # Years Present: _____
Company Name: _____	Location: _____	Year Applied: _____ # Years Present: _____
<b>3. Have you ever been denied membership from any volunteer organization before?</b>	<b>Yes</b>	<b>No</b>
a. If yes, when: _____		
b. If yes, name of organization: _____		
<b>4. Have you ever been suspended, dismissed or terminated from any volunteer organization before?</b>	<b>Yes</b>	<b>No</b>
a. If yes, when: _____		
b. If yes, name of organization: _____		
c. If yes, reason: _____		
<b>5. Have you ever been convicted of, or pled guilty or nolo contender (no contest) to a crime other than a minor traffic citation in court?</b>	<b>Yes</b>	<b>No</b>
a. If yes, when: _____		
b. If yes, what: _____		
<b>6. Have you been treated for any illness or injuries within the past five (5) years that have required the attention of a physician or hospital?</b>	<b>Yes</b>	<b>No</b>
a. If yes, what: _____		
<b>7. Has your driver's license ever been suspended or revoked for any reason?</b>	<b>Yes</b>	<b>No</b>
a. If yes, please provide details and date(s): _____		
<b>8. Have you held a driver license from any other state, excluding Pennsylvania, within the last four (4) years?</b>	<b>Yes</b>	<b>No</b>
<b>9. Have you lived in any other state, excluding Pennsylvania, within the last 15 (fifteen) years?</b>	<b>Yes</b>	<b>No</b>
a. If yes, where: _____		
b. If yes, when: _____		
<b>10. Are you an unlawful user or addicted to any intoxicating liquors, depressants, stimulants or narcotic drugs?</b>	<b>Yes</b>	<b>No</b>
<b>11. Are you affiliated with any group(s) whose policies or activities are subversive to the form of government in the constitution and laws of the United States or Commonwealth of Pennsylvania?</b>	<b>Yes</b>	<b>No</b>

## AUTHORIZATION

By signing this application, I promise, if accepted, to adhere to the By-Laws, Constitution, Standard Operating Guidelines (SOGs) and Policies of the Jefferson Township Volunteer Fire Company. I also understand that my \$10.00 membership fee is nonrefundable. 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. I also consent to and understand that every sixty months (60) or sooner if deemed necessary, I will be subject to a Pennsylvania State Police Criminal Background Check, Child Abuse Screening and Pennsylvania Department of Transportation Driving Record History, that will be completed free of charge by the Jefferson Township Fire Company. The obtained records will be kept confidential and only be utilized for membership screening processes and driver authorization.

Applicants Signature:

Date:

/ /

***\*\*If applicant is under the age of 18, working papers and parent/guardian consent must accompany this application\*\****

Signature of Parent/Guardian:

Date:

/ /

## MEMBERSHIP COMMITTEE USE ONLY

### **For Use by the Membership Committee Only:**

Date Application Submitted: ____/____/____	Working Papers Received (if under 18): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Date Membership Fee Received: ____/____/____	\$10.00 Membership Fee Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date PSP Background Check Received: ____/____/____	Background Check Results: <input type="checkbox"/> No Record <input type="checkbox"/> Record Exists <input type="checkbox"/> N/A
Date Child Abuse Screening Received: ____/____/____	Child Abuse Screening Results: <input type="checkbox"/> No Record <input type="checkbox"/> Record Exists <input type="checkbox"/> N/A
Date Driving Record Received: ____/____/____	Driving Record Results: <input type="checkbox"/> Clean <input type="checkbox"/> History <input type="checkbox"/> N/A
Date ASAP Received: ____/____/____	ASAP Results: ____ <input type="checkbox"/> N/A
Date of Committee Interview: ____/____/____	Recommended Action: <input type="checkbox"/> Approval <input type="checkbox"/> Denial
Date of Membership Action: ____/____/____	Final Action Taken: <input type="checkbox"/> Approval <input type="checkbox"/> Denial
Date of Probation Expiration: ____/____/____	Probation Action: <input type="checkbox"/> Active Status <input type="checkbox"/> Extend Probation: ____ months



## Beneficiary Designation Form for Group Insurance Products Underwritten by:

Axis Insurance Company  
Cigna Life Insurance Company of New York  
Life Insurance Company of North America

New York Life Insurance Company  
Provident Life & Accident Insurance Company

**Instructions:** As a member of your organization you are eligible for benefits under group insurance policies provided through Provident Agency, Inc. You have the right to name a beneficiary. If you choose **not** to name a beneficiary, or if all named beneficiaries die with or before you, the death benefits may be payable to in the order listed below:

- a. spouse;
- b. child or children, equally, if living, otherwise to their descendants per stirpes;
- c. parents, equally or to the survivor;
- d. sisters or brothers, equally or to the survivor or survivors;
- e. your estate.

If you would like to name a specific beneficiary(ies), then you need to complete this form. Completed beneficiary designation forms must be filed with your organization.

## Important Information About Designation of Beneficiaries

### Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits. Please specify the percentage of the benefit you want to be paid to each primary beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want to be paid to each contingent beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** - When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** - You may designate a valid trust as a beneficiary.

### Types of Coverage Information

- **A&H** is Accident & Health insurance provided by your organization for which they pay the premiums.
- **AD&D** is Accidental Death & Dismemberment insurance provided by your organization for which they pay the premiums.
- **Critical Illness** is group Critical Illness insurance provided by your organization for which they pay the premiums.
- **Group Life** is life insurance provided by your organization for which they pay the premiums.

If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

### General Information

- **Updates to Your Beneficiary Designation** - You can change your beneficiary designation at any time. You should review your designation periodically.
- **Consult an Attorney** - This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.



**Beneficiary Designation Form for Group Insurance Products Underwritten by:**  
Axis Insurance Company  
Cigna Life Insurance Company of New York  
Life Insurance Company of North America  
New York Life Insurance Company  
Provident Life & Accident Insurance Company

**Instructions:** Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Completed beneficiary designation forms must be kept on file with your organization.**

**Section 1: Policyholder Information**

Organization Name			Phone	
Organization Address	City	County	State	Zip

**Section 2: Member Information**

Name (Last Name, Suffix, First Name, MI)	Date of Birth	Social Security #
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Check the coverages to which this beneficiary designation form applies. ☐ A&H ☐ AD&D ☐ Critical Illness ☐ Group Life ☐ All

**Section 3: Primary Beneficiary(ies)**

I choose the person(s) named below to be the primary beneficiary(ies) of the insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

**Section 4: Contingent Beneficiary(ies)**

**Total Must  
Equal 100%**

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies) of the insurance benefits that may be payable at the time of my death.

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

**Section 5: Signature**

**Total Must  
Equal 100%**

**X**

Member 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	JEFFERSON TOWNSHIP FIRE COMPANY
ADDRESS	405 CORTEZ ROAD
CITY/STATE/ ZIP CODE	JEFFERSON TOWNSHIP, PA 18436
TELEPHONE NO. (AREA CODE)	570-689-2829

**FOR CENTRAL REPOSITORY USE ONLY**  
**CONTROL NUMBER**

**AFTER COMPLETION MAIL TO:**  
**PENNSYLVANIA STATE POLICE**  
**CENTRAL REPOSITORY – RCPU**  
**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) Jefferson Township Volunteer Fire Company		TELEPHONE NUMBER (570) 689-2829		

**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 only.**

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 ( \*Signature required for processing\* )

**X**

DATE

**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.**

CHILDLINE AND ABUSE REGISTRY  
P.O. BOX 8170  
HARRISBURG, PENNSYLVANIA 17105-8170

**CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM  
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION**

I, ( \_\_\_\_\_ ), hereby authorize the PA Department of Human Services, ChildLine to  
Applicant's Name  
release my Pennsylvania Child Abuse History Clearance information directly to ( \_\_\_\_\_ ).  
Name of Requesting Agency

I understand that this information is confidential in nature pursuant to §6339 (relating to information in confidential reports)  
of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and is not otherwise to be released by  
( \_\_\_\_\_ ) without my expressed authorization or pursuant to Section 3490.126 of  
Name of Requesting Agency

Title 55 of the Pennsylvania Code which states this information is confidential and the requesting agency can be held  
criminally liable for a breach of confidentiality related to release of this information. **I also understand that the  
aforementioned information will not be released directly to me ( \_\_\_\_\_ ) as stated**  
Applicant's Name  
**on the Pennsylvania Child Abuse History Certification application. I understand that I will not receive a copy  
of my Pennsylvania Child Abuse History Certification directly from ChildLine;** however, I may request a copy of  
my Pennsylvania Child Abuse History Certification from ( \_\_\_\_\_ ) upon written request.  
Name of Requesting Agency

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further  
understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Certification application  
as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database for child abuse  
that my consent allows the result stating such information to be shared with the agency/organization noted on next page.

Please send my certification result(s) to:

Agency Name:

Agency Street Address:

Agency City, State, Zip Code:

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Date

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Applicant's Signature

**As the agency/organization representative, I understand that, except for the subject of a report, persons who receive this information are subject to the confidentiality provisions of the CPSL and 55 Pa. Code, Chapter 3490 and are required to ensure the confidentiality and security of the information and are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information. I agree to receive and maintain this information in accordance with these requirements.**

---

Date

---

Agency's Representative Signature

NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION FORM/APPLICATION (CY 113) IS NOT COMPLETED ACCURATELY OR IF IT IS INCOMPLETE, THE CY 113 WILL BE RETURNED TO THE APPLICANT AND NOT BACK TO A THIRD PARTY.

Revised 12-29-15

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

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 \$8.00 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<br><input type="checkbox"/> Prospective adoptive parent<br><input type="checkbox"/> Employee of child care services<br><input type="checkbox"/> School employee governed by the Public School Code<br><input type="checkbox"/> School employee not governed by the Public School Code<br><input type="checkbox"/> Self-employed provider of child-care services in a family child-care home<br><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<br><input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program<br><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<br><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<br><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<br><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<br><b>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</b><br><input type="checkbox"/> Big Brother/Big Sister and/or affiliate<br><input type="checkbox"/> Domestic violence shelter and/or affiliate<br><input type="checkbox"/> Rape crisis center and/or affiliate<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)<br><br><div style="display: flex; justify-content: space-between;"> <div>_____<br/>SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div>_____<br/>OIM/CAO PHONE NUMBER</div> </div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

- ☐ 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 CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)				
Name (First, Middle, Last)	Relationship	Present Age	Gender	
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I affirm 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). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #



# REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

## FOR FIREFIGHTERS & RESPONDERS ONLY COMPLETE SECTION C & SIGN SECTION E

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

☐ BASIC INFORMATION: **\$11.00 FEE** (Driver history is **not** included)

☐ 3 YEAR DRIVER RECORD: **\$11.00 FEE**

☐ 10 YEAR DRIVER RECORD: **\$11.00 FEE** (Employment Purposes Only)

☐ FULL HISTORY: **\$11.00 FEE**

☐ CERTIFIED DRIVER RECORD: **\$36.00 FEE**

☐ COPY OF DOCUMENT FROM FILE (MICROFILM): **\$11.00 FEE**

☐ CERTIFIED COPY OF DOCUMENT FROM FILE: **\$36.00 FEE**

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at [www.dmv.pa.gov](http://www.dmv.pa.gov)

<b>A REQUESTER INFORMATION</b> NAME/COMPANY _____  ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i> _____  CITY _____ STATE _____ ZIP CODE _____  DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____  FIRE CO OFFICER REQUESTING SIGNATURE <u>X</u> _____ NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	<b>B END USER OF INFORMATION BEING REQUESTED</b> NAME/COMPANY _____  ADDRESS <i>(P.O. Box not acceptable), need to provide physical location of business/residence</i> _____  CITY _____ STATE _____ ZIP CODE _____  DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____												
<b>C DRIVER INFORMATION</b> NAME: LAST _____ FIRST _____ INITIAL _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">DATE OF BIRTH</td> <td>DRIVER NUMBER</td> </tr> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	DATE OF BIRTH			DRIVER NUMBER	MONTH	DAY	YEAR						<b>D AFFIDAVIT OF INTENDED USE</b> Intended Use of the Information Requested: <b>CHECK ONLY ONE</b> <input type="checkbox"/> <b>B = Driver Release</b> (Driver must complete Section E.) <input type="checkbox"/> <b>C = Credit Business</b> (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> <b>K = Court Order</b> must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)  I hereby Certify that _____ <div style="text-align: right;">PRINTED NAME OF REQUESTER</div> 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(a)(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. X _____ <div style="text-align: right;">SIGNATURE OF FIRE COMPANY OFFICER REQUESTING</div>  Title _____
DATE OF BIRTH			DRIVER NUMBER										
MONTH	DAY	YEAR											
<b>E DRIVER RELEASE</b> I _____ hereby request <div style="text-align: center;">NAME OF DRIVER</div> the Department of Transportation to furnish a copy of my PA Driver's Record to _____ <div style="text-align: center;">NAME OF PERSON/COMPANY</div> X _____ <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE OF DRIVER</div> <div>DATE</div> </div>	<b>F MICROFILM</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TYPE OF DOCUMENT</td> <td style="width:50%;">DATE OF VIOLATION</td> </tr> <tr> <td colspan="2">           (see list of available documents below)         </td> </tr> </table> <div style="border: 1px solid black; padding: 5px;"> <b>Documents Available:</b> <ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> <li>• Ignition Interlock Removal Letter</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul> </div>	TYPE OF DOCUMENT	DATE OF VIOLATION	(see list of available documents below)									
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<b>NOTARIZATION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">SUBSCRIBED AND SWORN</td> </tr> <tr> <td>TO BEFORE ME:</td> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); border: 1px solid black; padding: 5px; margin-right: 10px;">NOTARIZATION</div> <div style="border: 1px solid black; padding: 10px; flex-grow: 1;"> <div style="text-align: center;">           X            SIGNATURE OF PERSON ADMINISTERING OATH         </div> <div style="text-align: center; margin-top: 20px;">           SIGN IN PRESENCE OF NOTARY         </div> </div> </div>		SUBSCRIBED AND SWORN				TO BEFORE ME:	MONTH	DAY	YEAR				
SUBSCRIBED AND SWORN													
TO BEFORE ME:	MONTH	DAY	YEAR										

MESSANGER NO.