**Membership Application Packet**

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**Porters Fire Company, No. 53**

**1199 Porters Road**

**Spring Grove, PA 17362**

**Application Process:**

The application Process consists of 8 steps:

1. Membership Application - Complete the application and sign the “Application Process” form stating that you are aware and understand the application process.
2. **Pennsylvania State Police Criminal Background Check** – The Criminal Background Check may be completed online at the PA State Police website: <https://epatch.pa.gov/home>       Select- New Record (Volunteers only) and follow the instructions prompted. Print and save a copy of the certification at the end. (ATTACH TO APPLICATION) (Does not apply for minors applicants)
3. **FBI Criminal Background Check** - (Does not apply for minors’ applicants)

If you have lived in PA for ten or more years, please complete the Volunteer Verification form attached to this application.

If you have lived in PA for less than ten years, you must complete the FBI Criminal Background Check. See form attached on steps to complete the FBI Criminal Background check.

1. **Pennsylvania Child Abuse History Clearance** – The Child Abuse Clearance may be completed

online at: [https://www.compass.state.pa.us/cwis/public/hom](https://www.compass.state.pa.us/cwis/public/home)e

Create an account and follow the instructions prompted. Print and save a copy of the form that states you have submitted the request. (ATTACH TO APPLICATION) (Does not apply for minors’ applicants)

1. **Submit Completed Application**: Submit Application by email with Child Abuse Clearance, Criminal

Background Check, and any prior certifications attached to [Portersfirecompany@gmail.com](mailto:Portersfirecompany@gmail.com) or drop off/mail your application with all necessary documents attached to PFC Attn: Membership Secretary 1199 Porters Road Spring Grove PA, 17362.

1. **Membership Interview** – Although we appreciate your interest, we ask that you remain patient throughout this process; it can take several weeks to properly assess an application. Once your application has been reviewed, a representative of the membership committee will contact you to set up an interview. At that time, you will be interviewed by members of the committee. If you are a minor, you must have a parent present at the time of the interview. These recruitment interviews are generally scheduled every other month; therefore, a waiting period should be expected.
2. **Probationary Period** – Upon the completion of the above steps, your membership request will be brought to the attention of the members of the fire department during one of the monthly meetings. The membership committee will review your application with the members, during this time, the body will vote to either accept you to the department for a one (1) year probationary period or to deny acceptance. If you are voted in, at any time during the probationary period you may be asked not to return for any reason. This will terminate your probationary period and your eligibility for full membership. Upon satisfactory completion of the probationary period, you will become eligible to be voted in for full membership.
3. You are required to submit proof of your identity. Attach a photocopy of your valid government issued photo identification (ex. passport, driver’s license or government issued ID card) to your application. Your application will be considered incomplete without a photocopy of your proof of identity attached as such, will not be accepted.

**Junior Members Only:**

1. If you are under the age of 14, you are not eligible for volunteer membership; your application will not be accepted. If you are 14-17 years old, you must have permission from a parent or guardian (who must sign this application) and must come with you to the membership interview or your application will not be accepted.
2. Prior to acceptance into the Department, the minor must obtain a work permit and shall have an application signed by a parent or legal guardian. All documents must then be on file.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Parent of Minor) Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent of Minor) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP APPLICATION**

**TYPE OF MEMBERSHIP REQUESTED:**

\_\_\_\_\_Active (Fire and/or Functions) \_\_\_\_\_Junior Active (ages 14-17) (Fire and/or Functions)

   \_\_\_\_\_Social **(Does not help out in any way at fire station)** \_\_\_\_\_\_Junior Social

      Proposed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION:**

 Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT EMPLOYMENT:**

Employer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS EMPLOYMENT (IF LESS THAN 1 YEAR AT CURRENT EMPLOYER)**

Employer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Employment\_\_\_\_\_\_\_\_\_\_\_

**Current Employer and Previous Employer may be**

**contacted for character references.**

**MEMBERSHIP APPLICATION**

**MEDICAL INFORMATION- \***Optional\*

Blood Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any physical limitations or medical conditions which would prevent you from

Performing any type of duty within the company? \_\_\_\_\_YES \_\_\_\_\_NO If yes, Explain:

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

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

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

Other known medical conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**CURRENT or PREVIOUS FIRE/EMS EXPERIENCE**

List any and all other emergency service organizations to which you belong or have belonged.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OIC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OIC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OIC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List current trainings:**

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

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

**CRIMINAL RECORD**

Have you ever been arrested? \_\_\_\_\_YES \_\_\_\_\_NO

Have you ever been convicted of a felony? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Note: All applicants, except junior applicants, must complete a Background Record Check.**

**MEMBERSHIP APPLICATION**

**PERSONAL REFERENCES**

**All references must know applicant for at least 5 years and may not be a**

**Relative or living with an applicant.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the facts contained in this application are true to the best of my knowledge. I fully

  Understand that any false statements will be considered grounds for denial of membership.

  I hereby authorize the Investigating Committee of Porters Community Fire Company to obtain

  information from my current and past employers and my references.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of parent/guardian (if minor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**OFFICE USE ONLY**

Investigating Committee Report

       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accept \_\_\_\_\_ Reject \_\_\_\_\_

       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accept \_\_\_\_\_ Reject \_\_\_\_\_

       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accept \_\_\_\_\_ Reject \_\_\_\_\_

       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accept \_\_\_\_\_ Reject \_\_\_\_\_

       Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

       Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

       Company Membership Secretary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FBI Clearance Background Check**

***If you have NOT lived in Pennsylvania for the past 10 years…***

**FBI Criminal History Background Check with Fingerprinting**

**Cost: $23.25 *(May change without notice)***

**First, you are required to pre-enroll with IdentoGo. Before you go to an IdentoGo site to get your fingerprinting done, you must pre-enroll via their website.**

To Pre-Enroll for your FBI Fingerprint Clearance on the IdentoGo website:

1. [Click here to go to the IdentoGo website](https://uenroll.identogo.com/).
2. You will be prompted to enter a Service Code to get started. Enter code **1KG6ZJ**, which indicates that you are being fingerprinted for volunteering in the Pennsylvania Department of Education. Click on “Schedule or Manage Appointment.”
3. Click “Yes” to acknowledge that you are getting fingerprinted in order to volunteer and not for employment purposes.
4. Fill in your Essential Information, Additional Information, Citizenship Information, Personal Questions, Personal Information, Mailing Address, and Documents.

**Once you are done pre-enrolling, you must find a IdentoGo site and schedule a time to get your fingerprinting done.**

1. After you have finished successfully pre-enrolling, you must schedule an appointment to be fingerprinted at one of the IdentoGo sites. [Click here to search for sites.](https://www.identogo.com/locations)
2. For your appointment, make sure to bring necessary identification to confirm your identity and a form of payment. IdentoGo locations accept business check, money order, or credit card.

For more information about the transition visit the [Digital Fingerprint & Electronic Criminal Background Check Services Frequently Asked Questions (FAQ’s)](https://www.identogo.com/uploads/general/PA_FAQs11202017.pdf).

For more information about the registration and fingerprint process visit the [PA Department of Education’s Federal Criminal History Background Check page](https://www.education.pa.gov/Educators/Clearances/CHRI/Pages/Applicant-Procedures.aspx).

**Application for Exemption from FBI Background Check for Volunteers**

*(Under the Child Protective Services Law)*

**Please read this entire form carefully before completing it.** This form is to be used by a Pennsylvania resident who serves or wants to serve as a volunteer with a program or activity associated with the Pennsylvania Envirothon and seeks exemption from the requirement to submit a report of federal criminal history record information (FBI background check). Even if granted an exception from obtaining FBI background checks, you are still required to submit a report of criminal history record information from the Pennsylvania State Police and a certification from the Department of Human Services concerning child abuse.

# Section 1. Personal Information

Name of Volunteer (please print): Date: / /

Current Address:

Number of Years Months at this Address\*

*\*If less than 10 years, provide prior Pennsylvania addresses on a separate page.*

Volunteer Position:

# Section 2. Instructions

Check the appropriate boxes below. Then, sign the certification under Section 3.

By checking this box, I certify that I have been a resident of Pennsylvania for the entirety of at least the last 10 consecutive years prior to the date of this application, which is set forth above.

By checking this box, I certify that I have not been convicted of any of the Reportable Offenses listed below.

# List of Reportable Offenses

A Reportable Offense enumerated under Pennsylvania’s Child Protective Services Law, 23 Pa.C.S. §6344(c), consists of one or more of the following:

1. Provisions of Title 18 of the Pennsylvania Consolidated Statutes (relating to crimes and offenses) or an equivalent crime under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of the Commonwealth of Pennsylvania:

 Chapter 25 relating to criminal homicide

 Section 2702 relating to aggravated assault

 Section 2709.1 relating to stalking

 Section 2901 relating to kidnapping

 Section 2902 relating to unlawful restraint

 Section 3121 relating to rape

 Section 3122.1 relating to statutory sexual assault

 Section 3123 relating to involuntary deviate sexual

intercourse

 Section 3124.1 relating to sexual assault

 Section 3125 relating to aggravated indecent assault

 Section 3126 relating to indecent assault

 Section 3127 relating to indecent exposure

 Section 4302 relating to incest

 Section 4303 relating to concealing death of a child

 Section 4304 relating to endangering welfare of

children

 Section4305 relating to dealing in infant children

 A felony offense under Section 5902(b) relating to

prostitution and related offenses

 Section 5903(c) or (d) relating to obscene and other

sexual materials and performances

 Section 6301 relating to corruption of minors

 Section 6312 relating to sexual abuse of children

1. An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as “The Controlled Substance, Drug, Device and Cosmetic Act,” committed within the preceding five-year period.

1. A founded report within the preceding five-year period in the statewide database maintained by the Department of Human Services.

## Section 3. Certification

*I understand that by submitting this completed Volunteer Exemption Form, I swear or affirm that all of the information I have provided on this application is complete, accurate, true, and correct. I make this declaration subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities, and that the Envirothon may take all actions deemed appropriate based upon false statements made on this form. I understand that Pennsylvania Envirothon will use the program’s address to receive my clearances.*

Volunteer’s Signature Date

**How to apply for a work permit for minors:**

Students and parents can stop by the High School Main Office to have the work permit processed. *\*May vary by school\**

Please Read - Work Permit Information

1. Students must be at least 14 to get a work permit.
2. The Application for the work permit is completed by school personnel and signed by a parent.
3. The student must have his/her social security number for the application.
4. The student must present his/her birth certificate.
5. The student needs to sign the work permit in front of Cheryl Bohnert.
6. Once all the above steps are completed, the student will be issued the actual work permit.

