

# **DOWNINGTOWN FIRE DEPARTMENT**

**Alert Fire Company No. 1**  
122 West Pennsylvania Ave  
Downingtown, PA 19335  
Alertfire.org - 610-269-0454

**Minquas Fire Company No. 2**  
141 Wallace Ave  
Downingtown, PA 19335  
Minquasfire.org. - 610-269-2797

## **VOLUNTEER MEMBER APPLICATION CHECKLIST**

**Please complete all of the attached paperwork and  
return to either The Alert Fire Company No. 1 or  
The Minquas Fire Company No. 2**

**Downingtown Fire Department Application (2 pages)**

**Applicants Over 18 Years Old Must Also Complete The Following**

**Adult Volunteer Disclosure Statement (2 pages)**

**PA State Police Criminal Records Check (1 page)**

**PA Child Abuse History Clearance  
(directions attached to obtain a free clearance)**

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**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:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
**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: \_\_\_\_\_

**DOWNINGTOWN FIRE DEPT. USE ONLY**

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

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

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

# Adult Volunteer Disclosure Statement

Required by the Pennsylvania Child Protective Service Law (CPSL)  
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

***I swear/affirm*** that I am seeking an unpaid volunteer position within the Downingtown Fire Department. I certify (under penalty of law) that I am providing clearances in order to comply with the *Child Protective Services Law* mandates and *Charter for the Protection of Children and Young People*. I certify that this is the only clearance I have received, free of charge, and that I will not use my free background check for any other purpose.

Please select **one** of which applies:

I have been a resident of Pennsylvania during the entirety of the previous ten-year period, as I have only maintained a home mailing address in Pennsylvania during said period; therefore, I understand I am not required to obtain a clearance through the Federal Bureau of Investigation Fingerprint-based Criminal Background Check.

I have **not** been a resident of Pennsylvania during the entirety of the previous ten-year period, as I have maintained a home mailing address(es) outside of Pennsylvania during said period; therefore, I understand I am required to obtain a clearance through the Federal Bureau of Investigation Fingerprint-based Criminal Background Check.

***I am aware*** that I must provide the following clearances: Pennsylvania State Police Criminal Record Check, Pennsylvania Child Abuse History Clearance. I am aware that any prior act of child abuse will permanently disqualify me from volunteer status. I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by the Pennsylvania Child Protective Services Law.

***I am aware*** that past conviction of certain crimes and offenses also permanently disqualifies me from volunteer status. I swear/affirm that I have not been convicted of one or more of the following crimes reportable under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state, territory, commonwealth or foreign nation:

- 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 2910 (relating to luring a child into a motor vehicle or structure)
- 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 3124.2 (relating to institutional sexual assault )
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 3129 (relating to sexual intercourse with animal)
- A felony offense under the Act of April 14, 1972(P.L.233.No.64) known as the Controlled Substance Drug Device and Cosmetic Act
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing death of child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902(b) (felony offense relating to prostitution and related offenses)
- Section 5903(c)or(d)(relating to obscene and other sexual materials and performances)
- Section 6301(a)(1)(relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)
- Section 6318 (relating to unlawful contact with minors)
- Section 6319 (relating to solicitation of minors to traffic drugs)
- Section 6320 (relating to sexual exploitation of children)

***I am aware*** that I am also prohibited from volunteer status if I have been convicted of ANY felony of the first, second or third degree not listed above for a period of ten (10) years after the expiration of the sentence. Further, conviction of ANY first degree misdemeanor will prohibit volunteer service for five (5) years after the completion of the sentence.

***I swear/affirm*** that I will disclose before beginning any volunteer position if I have ever been convicted of driving under the influence of alcohol or a controlled substance, and acknowledge that this may affect my eligibility for volunteer service. I am aware that a second offense of driving under the influence of alcohol or a controlled substance, graded as a first degree misdemeanor, will result in a three (3) year prohibition on service from the date of the completion of the sentence for the most recent offense. However, I understand that the Company retains the right to refuse permission to serve as a volunteer for any reason that, in its judgment, renders the applicant unsuitable to serve in that capacity.

***I understand*** that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the Chief and President of either Alert Fire Company No. 1 or Minquas Fire Company No. 2 or their designee with written notice **not later than 72 hours** after the arrest, conviction, or notification that I have been listed as a perpetrator in the Statewide database.

***I understand*** that the Fire Chief or Company President or his/her designee must demand a volunteer produce new background clearances if he/she has a reasonable belief that I have been arrested for, or convicted of, a crime that would require disqualification from volunteer service involving contact with children, or I have been named the subject of an indicated or founded report of child abuse.

***I understand*** that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

***I understand*** that the Alert Fire Company No. 1 or Minquas Fire Company No. 2 Investigating Committee is responsible for review of provided information and required to maintain copies of my clearances.

***I hereby swear/affirm*** that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.

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

Witness: \_\_\_\_\_

(Please sign this form in the presence of a witness.)

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

Last Name: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Any Previous Name(s) or Alias(es): \_\_\_\_\_

**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>

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

<b>REQUESTER NAME</b>	Downingtown Fire Department
<b>ADDRESS</b>	4 West Lancaster Ave
<b>CITY/STATE/ZIP CODE</b>	Downingtown PA 19335
<b>TELEPHONE NO. (AREA CODE)</b>	610-269-0344

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)		TELEPHONE NUMBER		
Downingtown Fire Department				

**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 \$22 fee is being waived because of my status as an unpaid volunteer.

<b>REQUESTER SIGNATURE</b> (*Signature required for processing*)	<b>DATE</b>
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**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.**

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# PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE VOLUNTEERS ONLY!

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## Electronic Submission

The Pennsylvania Child Abuse History Clearance (Certification) can now be submitted online through the **Child Welfare Solution (CWIS) self-service portal**. This certification is **FREE** for volunteers.

In order to submit your application online, you will first need to establish a **KEYSTONE ID**.

1. Access the self-service portal at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis). You can also access the portal using a link provided under "RESOURCES", "GET A CLEARANCE" on the Pennsylvania government website, [www.KeepKidsSafe.pa.gov](http://www.KeepKidsSafe.pa.gov)
2. In the Child Welfare Portal window, click "CREATE A NEW ACCOUNT"
3. You will be presented with a welcome page. Please read and then scroll down and click "NEXT"
4. Complete all fields requested. You will also be asked to set-up 3 security questions and answers that will be used in the event you forget your password.
5. Click "FINISH"

You will then receive two emails: (1) confirmation of the Keystone ID that you selected, and (2) one that contains your temporary password. Upon receipt, return to the self-service portal at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) in the Child Welfare Portal window, click "LOGIN". You will be asked to enter your Keystone ID and temporary password. You will then be prompted to set up a new password.

Once you have your Keystone ID and password created, please refer to the following instructions to assist you with the electronic submission of your child abuse application.

1. Access the self-service portal at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) using your Keystone ID and password
2. Click "CREATE CLEARANCE APPLICATION"
3. Read the *Getting Started* information page and then click "BEGIN"
4. Select appropriate APPLICATION PURPOSE
  - a. All volunteers must select "**VOLUNTEER HAVING CONTACT WITH CHILDREN**"  
**Please Note:** If you incorrectly select a different APPLICATION PURPOSE first and then click the correct one for volunteers, **YOU MUST DELETE THAT APPLICATION AND START OVER!** If you do not delete and re-start the process, **YOU WILL BE CHARGED A FEE!**
5. Once you select "**VOLUNTEER HAVING CONTACT WITH CHILDREN**," you will be asked for the VOLUNTEER CATEGORY. Select "**OTHER**."
6. You will then be asked for AGENCY NAME. Enter "**Central Fulton School District**" in the provided box.
7. Click "Next"
8. Enter APPLICANT INFORMATION; CLICK "NEXT" once complete
  - a. Enter all required fields; this includes providing previous names/nicknames and contact information
9. Enter CURRENT ADDRESS; CLICK "NEXT" once complete

- a. Please note, electronic results of this clearance will be available through your PA Child Abuse History Clearance Account; however, you are also given the option of receiving a paper version of your clearance certificate.
10. Enter all PREVIOUS ADDRESSES since 1975; click "NEXT" once complete
11. Enter HOUSEHOLD MEMBERS with whom you have lived with since 1975; click "NEXT" once complete
12. You will be provided with an APPLICATION SUMMARY. Carefully review the information you entered and edit if necessary; click "NEXT" once complete
13. Complete the e-SIGNATURE; CLICK "NEXT" once complete
14. You will then be presented with a question asking if you were provided a code for your application as a Volunteer
  - a. Answer "NO" to the question
15. Click "SUBMIT APPLICATION"
16. You have successfully completed the process if you receive a "SUBMISSION CONFIRMATION" page
17. Make sure you click "LOGOUT" when you are ready to leave the website

You will receive two e-mails (if you provided an e-mail address during your application submission.) The first e-mail will confirm that your application was successfully received. The second e-mail is notification that your application was processed and your results are ready to be viewed.

To review your results electronically, access the self-service portal at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis). Log in using your Keystone ID and password. As you scroll down the page, you will see your e-Clearance ID number and below that, a green icon stating that "Your Application Has Been Processed." Click where indicated to access your paper certificate. Print out two copies: one to submit to Human Resources and the other for your records. **By law, Human Resources CANNOT provide a copy of the clearance results to the applicant.**

### **PAPER SUBMISSION**

The Pennsylvania Child Abuse History Clearance form can be found on the Pennsylvania government website, [www.KeepKidsSafe.pa.gov](http://www.KeepKidsSafe.pa.gov). Complete the following steps in order to retrieve the required form:

1. At the top of the home page, select "RESOURCES" and then click on "FORMS"
2. Scroll down and click on "Pennsylvania Child Abuse History Clearance Form (CY-113)" (4 page document)
3. Go to pages 3 and 4 to review the "Instructions to Complete the Pennsylvania Child Abuse History Certification Application" prior to completing the form.

**Please note that for ALL VOLUNTEERS, the Volunteer box should be checked under the "Purpose of Certification" item on the application. Sub Purpose of "Other" should be checked with the added descriptor of**

Effective July 25, 2015, this clearance is FREE for volunteers. No payment should be sent.

Mail application to: **CHILDLINE AND ABUSE REGISTRY, PA Department of Human Services, P. O. Box 8170, Harrisburg, PA 17105-8170**

Clearance results will be mailed directly to you and NOT the District. You must bring the original clearance results in to the Human Resources Department for review. A copy will be made and the original returned to you for your records.