



## **Edinboro Volunteer Fire Department**

Dear Prospective Member:

We are pleased that you are interested in becoming a member of the Edinboro Volunteer Fire Department (EVFD). We are seeking committed individuals who wish to contribute their time and talents to the community as a member of our organization.

Before you complete the attached application, please read this material completely so that you will have an understanding of the application process and the level of commitment required to be a member of the Department.

The application process consists of several steps:

- Complete an application form.
- Complete a REQUEST FOR CRIMINAL RECORD CHECK, which will be submitted to the Pennsylvania State Police.
- Complete a REQUEST FOR DRIVER INFORMATION, which will be submitted to PENNDOT.

When the forms are completed, drop them off at the station or mail to:

Edinboro Volunteer Fire Department  
Atten: Membership Committee  
125 Meadville St.  
Edinboro, PA 16412

You will be contacted and an interview will be scheduled. During the interview, we will go over the expectations of membership. Upon a successful interview, the process continues with:

- Submitting a physical exam form indicating you are capable of performing the work associated with the duties of membership.
- Receiving favorable responses from the requested background checks and references.

When all requirements have been met, you will be notified you are eligible to begin a probationary membership period of at least 6 months, but not to exceed 24 months.

We have four (4) initial classifications of membership:

- Active
- Allied
- Junior
- Support

## **ACTIVE:**

Active members provide direct service to the community through emergency response. There are three divisions to the active membership. Emergency Medical Services (EMS), Fire/Rescue and Fire Police. Many members are cross-trained and qualified to serve in many different roles.

Emergency Medical Services (EMS): Members in this division respond to medical emergencies and assist patients as Emergency Medical Technicians or Emergency Responders. These members respond to calls ranging from broken bones, fall victims, diabetic emergencies, cardiac symptoms, and victims of motor vehicle accidents. Emergency Medical Technicians have completed 120 hours of training to prepare them to respond to all kinds of medical incidents. Emergency Responders have completed 40 hours of training and operate as an assistant to EMT's and Paramedics.

Fire/Rescue: Members in the Fire/Rescue division respond to structure fires, vehicle fires, motor vehicle accidents and all kinds of rescue situations. Members in this division take a series of courses to become a Firefighter and then continue with other courses in rescue and advanced firefighting techniques. The basic firefighting course consists of 166 hours of training.

Fire Police: Members in the Fire Police division respond with both the EMS and Fire members to provide scene security and traffic control. The Fire Police are responsible for the safety of the Departments crews on an incident by providing scene control. These members take multiple 16-hour courses to become trained in traffic control and public relations.

## **ALLIED:**

Allied members hold primary membership with another Fire or EMS unit and are frequently in town, due to work or education, to assist with emergency responses.

## **JUNIOR:**

Junior membership is available to those 14 to 18 years of age and is subject to the Pennsylvania Child Labor Laws.

## **SUPPORT SERVICES:**

Support Service members have no requirements for emergency response. They provide administrative support including business office functions, fund raising, community relations and other assistance.

## **MEMBERSHIP REQUIREMENTS: TRAINING**

EVFD provides opportunities for all necessary training to its members at no cost. During the probationary period, all active and allied members must complete training in the following courses or offer evidence training has been completed:

- Cardio-Pulmonary Resuscitation (CPR) and an annual refresher course
- Health Information Portability and Accountability Act (HIPAA) Training
- Infectious Control or Preventing Disease Transmission and an annual refresher
- Emergency Vehicle Operations Course (EVOC)
- Incident Command Systems and National Incident Management System (NIMS)
- Hazardous Materials Operations Class (IAFF) and the Operations Level Annual Refresher Training (HMOR)
- A Safety Component course (several different courses are available)

In addition, there are specific training requirements for each division. Training is held throughout Erie County and many courses are hosted by the Department.

Support Service members have no training requirements.

#### **MEMBERSHIP REQUIREMENTS: ATTENDANCE**

Active members must attend a minimum of 18 meetings and drills a year. We hold an instructional drill every Wednesday night at 7:00 p.m., except the third Wednesday of every month which is our business meeting.

Support Service members are required to complete fifty (50) hours of service a year.

Allied members have no attendance requirements, but are encouraged to participate in drills and functions of the Department. Allied members are required to annually state, in writing, their desire to remain an Allied member.

#### **MEMBERSHIP REQUIREMENTS: FUNDRAISING / COMMUNITY AWARENESS**

The Department holds several fundraising activities during the year in addition to the weekly bingo games and the annual fund drive.

All members are encouraged to assist in these activities as much as possible.

Active members are required to participate in the following:

- Spring Gun Raffle
- Fall Open House

As you can see, membership requires a commitment of time on your part. We encourage you to carefully consider this prior to applying.

Your satisfaction in knowing you are helping the community and your fellow man is your reward for volunteering.

Please visit our website at [www.edinborofire.org](http://www.edinborofire.org) for information on call statistics, training opportunities, pictures of recent incidents and training classes and other news.



## Edinboro Volunteer Fire Department

Date: \_\_\_\_\_ Divisional Interest:     EMS     Fire/Rescue     Fire Police

Class:     Active     Allied (Member of Another FD/EMS)     Support Services (Non-Operations)

<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>
<b>Address (Number, Street, and Lot/Apt)</b>				<b>County</b>
<b>City</b>			<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cellular Phone</b>	<b>Email Address</b>	

Are You At Least 18 Years of Age?:     Yes     No (Please Complete Junior Application)

Do You Have A Valid PA Driver's License?     No     Yes    Class: \_\_\_\_\_ Number: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OR HAVE YOU EVER FORFEITED BOND OR COLLATERAL IN CONNECTION WITH A CRIMINAL CHARGE? (Criminal Offenses include felonies, misdemeanors, and summary offenses) A conviction is an adjudication of guilt, including determination before a District Justice or in a criminal court, resulting in a legal penalty such as a fine, sentence of probation, etc. Omit minor traffic violations. If "YES" for conviction, you MUST list the offense, date of conviction and disposition. Use a separate sheet of paper.**

Yes
   
  No

### Education

List licenses, diplomas, certificates, or other training relevant to the area for which you are applying. Use an additional sheet, if necessary.

	School / Agency	Diploma/Degree	# of Years Attended
High School/GED			
College			
Trade / Other			

Are you now, or have you ever been a member of an EMS of Firefighting Service?  Yes  No

If yes, please provide the information requested:

Date Month & Year	Fire Department or Company Name & Address	Chief Officer or Company Contact	Telephone #
From: To:			
From: To:			
From: To:			

**EMPLOYMENT HISTORY** (Record previous employment, include military experience, beginning with the most recent.)

Date Month & Year	Company Name & Address	Supervisor	Telephone
From: To:			
Position Held:			
<b>Date Month &amp; Year</b>	<b>Company Name &amp; Address</b>	<b>Supervisor</b>	<b>Telephone</b>
From: To:			
Position Held:			
<b>Date Month &amp; Year</b>	<b>Company Name &amp; Address</b>	<b>Supervisor</b>	<b>Telephone</b>
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**REFERENCES** (Please list three (3) references not related to you we may contact who can attest to your training and work experience)

Name	Relationship	Years Acquainted	Telephone
Address	City	State	Zip
Name	Relationship	Years Acquainted	Telephone
Address	City	State	Zip

**REFERENCES CONTINUED**

Name	Relationship	Years Acquainted	Telephone
Address	City	State	Zip

List and provide copies of any *FIRE / EMS* related credits, diplomas, degrees, or certificates, earned (Use an additional sheet if necessary):

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Briefly state your reasons for wanting to join the Edinboro Volunteer Fire Department:

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How did you become interested in the Edinboro Volunteer Fire Department?

EVFD Member: \_\_\_\_\_  Newspaper  Sign / Posting  Website

Other: \_\_\_\_\_

If I am accepted into membership, I agree to sign for and be held responsible for such articles of equipment and supplies as are listed and signed for on my equipment record and agree to care for this equipment to the best of my ability.

If for any reason my membership with the Edinboro Volunteer Fire Department is terminated, I agree to return in serviceable condition any and all such equipment as is listed and on my equipment record.

I agree to perform all reasonable orders of the Commanding Officer(s) and staff while on duty with the Edinboro Volunteer Fire Department, and will conduct myself in a professional manner at all times.

I will submit to a complete physical examination, as required, at the expense and clinic of choice, of the Edinboro Volunteer Fire Department.

I acknowledge that a full background check will be run through the Pennsylvania State Police and Pennsylvania Department of Transportation as relates to any police records and/or driving records.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am a member, my membership may be terminated at any time. In consideration of my membership, I agree to conform to the fire departments rules and regulations, and I agree that my membership can be terminated, with or without cause, and with or without notice, at any time, at either my or the department's option.

The Edinboro Volunteer Fire Department is an Equal Opportunity Provider. We do not discriminate in recruiting, interviewing, hiring, training, length of service, discipline, discharge or other terms conditions, or privileges of membership because of an individual's race, color, age, sex, religion, national origin, disability, sexual preference, or veteran or current military status. It is our policy to recruit and promote those applicants and members who are best suited for the position and possess the necessary skills, education, experience and qualifications.

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

**UPON COMPLETION OF ALL ASPECTS OF THIS APPLICATION, RETURN IT ALONG WITH ANY RELEVANT DOCUMENTATION TO THE EDINBORO VOLUNTEER FIRE DEPARTMENT IN THE ENVELOPE PROVIDED.**

**FOR EVFD USE ONLY**

<b>Application In Date</b>	<b>Application Completeness Review</b>
/ /	<input type="checkbox"/> Complete <input type="checkbox"/> Revised Date: / /
<b>References Contacted</b>	<b>Certifications Attached</b>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mailed
<b>Act 33/34 NCIC Completed</b>	<b>PA MVR Check Completed</b>
Date: / / <input type="checkbox"/> Clear <input type="checkbox"/> BOD Review	Date: / / <input type="checkbox"/> Clear <input type="checkbox"/> N/A <input type="checkbox"/> Chief Review
<b>Physical Completed / Returned</b>	<b>Allied Letter of Recommendation Attached</b>
Date: / / <input type="checkbox"/> Clear <input type="checkbox"/> MD Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Interview Date &amp; Time</b>	<b>Interview Committee</b>
Date: / / Time :	
<b>Probationary Period Start Date</b>	<b>Preceptor / Orientation Member Assigned</b>
/ /	



# REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH

PRINT OR TYPE ALL INFORMATION LEGIBLY

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 website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;"><b>A REQUESTER INFORMATION</b></td> <td style="background-color: #f2f2f2;"><b>B END USER OF INFORMATION BEING REQUESTED</b></td> </tr> <tr> <td>NAME/COMPANY _____</td> <td>NAME/COMPANY _____</td> </tr> <tr> <td>ADDRESS <i>P.O. 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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. 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SIGNATURE <u>X</u> _____ NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;"><b>D AFFIDAVIT OF INTENDED USE</b></td> </tr> <tr> <td>Intended Use of the Information Requested: <b>CHECK ONLY ONE</b></td> </tr> <tr> <td><input type="checkbox"/> <b>B = Driver Release</b> (Driver has given <i>written</i> authorization to obtain his/her record.)</td> </tr> <tr> <td><input type="checkbox"/> <b>C = Credit</b> (In connection with a credit transaction involving the driver.)</td> </tr> <tr> <td><input type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Employer must have driver's signed release on file.)</td> </tr> <tr> <td><input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance.</td> </tr> <tr> <td><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).</td> </tr> <tr> <td><input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (Driver has given <i>written</i> authorization to obtain his/her record.)</td> </tr> <tr> <td>I hereby Certify that _____ PRINTED NAME OF REQUESTER</td> </tr> <tr> <td>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.</td> </tr> <tr> <td><u>X</u> _____ SIGNATURE OF REQUESTER</td> </tr> <tr> <td>Title _____</td> </tr> </table>	<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 has given <i>written</i> authorization to obtain his/her record.)	<input type="checkbox"/> <b>C = Credit</b> (In connection with a credit transaction involving the driver.)	<input type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Employer must have driver's signed release on file.)	<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 has given <i>written</i> authorization to obtain his/her record.)	I hereby Certify that _____ PRINTED 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(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.	<u>X</u> _____ SIGNATURE OF REQUESTER	Title _____																																																				
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CITY _____																																																																	
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MONTH _____ DAY _____ YEAR _____																																																																	
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DATE _____																																																																	
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TYPE OF DOCUMENT _____ DATE OF VIOLATION _____																																																																	
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<b>NOTARIZATION</b>	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR <u>X</u> _____ SIGNATURE OF PERSON ADMINISTERING OATH <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"> <b>S E A L</b>  SIGN IN PRESENCE OF NOTARY </div>																																																																

**PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY  
(LEAVE BLANK)**

**PART I: TO BE COMPLETED BY REQUESTER  
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)**

DATE OF REQUEST

**\*\*\* TYPE OR PRINT LEGIBLY WITH INK \*\*\***

**NOTE:** IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

**WARNING:** A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME	<b>EDINBORO VOLUNTEER FIRE DEPARTMENT</b>		
ADDRESS	<b>125 MEADVILLE STREET</b>		
CITY	STATE	ZIP	
<b>EDINBORO</b>	<b>PA</b>	<b>16412</b>	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

8	1	4	7	3	4	1	8	2	3
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REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: “COMMONWEALTH OF PENNSYLVANIA.” THE FEE IS NONREFUNDABLE.

FEE EXEMPT NONCRIMINAL JUSTICE AGENCY

**\*\*\* DO NOT SEND CASH OR PERSONAL CHECK \*\*\***

NAME/SUBJECT OF RECORD CHECK (LAST)	(FIRST)	(MIDDLE)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING)     ELDER CARE     CHILD CARE     SCHOOL DISTRICT

ADOPTION/FOSTER CARE

OTHER (SPECIFY) VOLUNTEER FIRE DEPARTMENT

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE—ENTIRE CRIMINAL HISTORY (AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

<p>REQUESTER CHECKLIST</p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?</p> <p align="center"><b>*** DO NOT SEND CASH OR PERSONAL CHECK ***</b></p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO</p> <p align="center"><b>PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday – Friday)</b></p>
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**PART II: CENTRAL REPOSITORY RESPONSE ONLY** **\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\***

<p>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD    <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p>	<p>INQUIRY DISSEMINATED BY</p>	<p>SID NUMBER</p>
<p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.</p> <p><input type="checkbox"/> NAME    <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH    <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX    <input type="checkbox"/> MAIDEN/ALIAS NAME</p>	<p>CERTIFIED BY</p> <p align="center">(DIRECTOR, CENTRAL REPOSITORY)</p>	

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.