

MEMBERSHIP APPLICATION

YOE FIRE COMPANY

LADIES AUXILIARY

Date of Appl. ____/____/____ Circle Above Organization of Application

(Print all information and check all appropriate lines)

Active _____ Active _____ Active _____
Social _____ Social _____ Social _____
Junior _____

Name _____ Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Date of Birth ____________
Work Phone _____ SS # _____
Pager # _____ Drivers Lic. # _____
Car Phone _____ Sex _____

IN CASE OF EMERGENCY NOTIFY

Address _____ Phone _____ Relation _____

EMPLOYMENT \ EDUCATION

Present Employer _____
Address _____ Phone _____
Job Title _____ Length of Employ _____
High School _____ College _____
Business _____ Trade \ Other _____

REFERENCES & ASSOCIATED INFORMATION (No Relatives Please)

Name _____ Address _____ Zip _____ Phone _____
Name _____ Address _____ Zip _____ Phone _____

Were you ever associated with an emergency services organization Y \ N (circle)

If "Y", Organization Name _____ From _____ To _____

Offices or Positions held _____

Were you ever convicted of a felony (Y \ N) (circle) Date _____

Violation _____

Are you currently an Active Member of an emergency services organization?

Y \ N (circle) If "Y", Organization Name _____

Training and Certification Information

Fire:

Basic _____ Date Obtained _____
Intermed. _____ Date Obtained _____
Advanced _____ Date Obtained _____
Rescue _____ Date Obtained _____
Officer _____ Date Obtained _____

Other _____

EMERGENCY MEDICAL SERVICES

Standard First Aid	_____	Date Obtained	_____	Exp. Date	_____
Advanced First Aid	_____	Date Obtained	_____	Exp. Date	_____
CPR	_____	Date Obtained	_____	Exp. Date	_____
First Responder	_____	Date Obtained	_____	Exp. Date	_____
EMT (#)	_____	Date Obtained	_____	Exp. Date	_____
BTLS	_____	Date Obtained	_____	Exp. Date	_____
PHTLS	_____	Date Obtained	_____	Exp. Date	_____
Paramedic	_____	Date Obtained	_____	Exp. Date	_____
ACLS	_____	Date Obtained	_____	Exp. Date	_____
Other	_____				

(Attach supporting documents to this application.)

I hereby acknowledge that, to the best of my knowledge, the information I have provided in this application is true and correct and authorize the investigation of all statements \ information contained here-in. I also authorize the department(s) to submit to the PA State Police, a Request For Criminal Record Check Form # SP4-164 (1-77) Within the first nine (9) months of my acceptance into the Yoe Fire Co. and/or when deemed necessary by the Yoe Fire Co. Ambulance Club, I agree to successfully complete Basic Fundamentals of Firefighting and/or First Aid (level specific to YFC, AFC requirements), CPR, and Company provided Sexual Harassment Training.

_____ Date _____
 (Signature of Applicant)

As indicated in the By-Laws, Rules and Regulations of the Yoe Fire Co./ Yoe Ambulance Club, the organizations will assume costs of mandatory training or approved education relative to Emergency Services, if a passing grade or certificate of attainment is achieved. We comply with Title VI of the Civil Rights Act of 1964, and Public Law 90-202 which prohibits discrimination on the basis of race, color, national origin, religion, sex, age, or physical handicap.

FOR OFFICE USE ONLY

Application Received Date _____
 Background Investigation Complete Date _____
 Pre-Investigation conducted by (Committee \ Board) _____
 Probation Start Date _____ Probation End Date _____
 Probation Continued Y \ N (circle) Accepted Date _____ Rejected Date _____

Reason Rejected: _____

Post-Investigation conducted by (if applicable) _____

**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			
ADDRESS			
CITY	STATE	ZIP	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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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)

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">*** DO NOT SEND CASH OR PERSONAL CHECK ***</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">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)</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>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>INQUIRY DISSEMINATED BY</p> <p>SID NUMBER</p> <p>CERTIFIED BY</p> <p align="right">(DIRECTOR, CENTRAL REPOSITORY)</p>
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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.