



## Muhlenberg Township Fire & Rescue General Order

Title: Member Application Process		GO: 101.1	
Division:	Administrative		
Drafted By:	FC Larry B. Moyer Jr.	Review Cycle:	2 Years
Approved By:	FC Larry B. Moyer Jr.	Effective Date:	4/01/2020

**PURPOSE:** The purpose of this policy is to define the process, structure, and requirements of the application process to become a member of Muhlenberg Township Fire & Rescue.

**SCOPE:** This policy applies to all members of Muhlenberg Township Fire & Rescue in addition to those individuals wishing to become members of the Department.

### DEFINITIONS:

- **Criminal Record** – Any history of conviction of any misdemeanor or felony crime.
- **Pending Charges** – Any criminal charges as yet unresolved by the courts.
- **Background Check** – The process required by the Department for membership in the organization, to include PA State Police Criminal History Check, PA Child Abuse History Clearance, and other pertinent reference checks as deemed necessary.
- **Conviction** – Being convicted, pleading guilty, entering a nolo contendere plea, or receiving probation without verdict, accelerated rehabilitative disposition (ARD) or receiving any other disposition (excluding acquittal or dismissal) for any felony or misdemeanor criminal offense.
- **Prohibitive Offense List** – List of criminal offenses which indicate the applicant will be denied membership in the department.

### REQUIREMENTS:

All candidates for membership with Muhlenberg Township Fire & Rescue must meet the following prerequisites before the application is considered complete:

- All candidates must be at least 14 years of age at the time of application.
- All candidates must complete a Muhlenberg Township Fire & Rescue membership application (current version).
- All candidates must agree to and execute a release for a PA State Police Criminal Record Check performed by the Department.
- All candidates must complete a Pennsylvania Child Abuse History Clearance and provide the results with the completed application.
- All candidates must be interviewed by the Muhlenberg Township Fire Chief or designated Officer of the Department; and
- All candidates must include a \$25.00 application fee along with the completed application.

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**Process**

The following process will be implemented upon receipt of a completed application for membership with the Muhlenberg Township Fire & Rescue:

1. Application is reviewed for completeness and whether the application fee is received.
  - a. Application shall include the following:
    - I. Copy of driver’s license or ID card (front & back).
    - II. Copy of results from Pennsylvania Child Abuse History Clearance (junior member exempt).
    - III. Cash, Check or money order for \$25.00 application fee (junior member exempt).
    - IV. Copies of training certificates (if a previous or current member of another emergency service organization).
    - V. Copy of working papers, student identification and report card (junior member only);
2. Information is submitted for PA Criminal History Check.
3. Information is submitted for PA Motor Vehicle Operators License Check.
4. Certifications are reviewed and confirmed.
5. References contacted.
6. Open source background check performed.
7. Interview performed.

**PA State Police History Check**

Any individual making application to MTRF as a member shall have a PA State Police Background Check performed by the Department.

Any background check which includes prohibitive offenses defined in Appendix I of this policy shall be ineligible for membership in the Department.

**PA Child Abuse History Clearance**

Any individual making application to MTRF as a member shall have a PA Child Abuse History Clearance completed. This check will be performed by the individual making application and the subsequent results will be included with the completed application.

Any applicant with a finding on the Pennsylvania Child Abuse History Clearance which indicates that the individual may not work with children shall be ineligible for membership with MTRF.

**PA Operator’s License Check**

Any individual making application to the MTRF as a member shall have a PA Motor Vehicle Operator’s License Check performed by the Department.

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A review of the information contained in the results will be performed by the Fire Chief or designated officer of the department and will be considered in the decision of the applicant becoming a member of the department.

**Existing Certification and Training Review**

If the applicant is currently or previously a member of another emergency service organization, a comprehensive review and clarification of the certification and training records will be performed by the Fire Chief or designated officer of the department.

**References**

Any individual making application to MTRF as a member shall list a minimum of two references that are not family members who can be contacted to establish character and credibility of the applicant.

Contact and questioning of the references shall be performed by the Fire Chief or a designated officer of the department.

**Open Source Background Check**

Any individual making application to MTRF as a member shall have an open source background check performed by the Department. This includes, but is not limited to, social media websites, newspaper and other print media searches, online judicial systems, court dockets, various search engines, and other free sources of information.

A review of the information contained in the results will be performed by the Fire Chief or designated officer of the department and will be considered in the decision of the applicant becoming a member of the department.

**Interview**

At the conclusion of the process, the applicant will be interviewed by a combination of a minimum of three of the following representatives of the department.

- Fire Chief
- Deputy Fire Chief(s)
- A representative from the Membership Committee
- Person(s) in charge of Junior Firefighter program

**Disposition of Application Process**

Upon the completion of the application, review and interview process, a determination shall be made by the Fire Chief, Deputy Fire Chiefs, and the Membership Committee as to the disposition of the application. If the applicant is found favorable for membership with the department, the name of the candidate will be brought before the Membership for voting.

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If an unfavorable report is made by the Membership Committee, such name shall not be voted on. If the Membership Committee reports favorably on a proposition for membership the new candidate shall be balloted upon by verbal ballot, and if five (5) or more votes are unfavorable, the applicant will be rejected, otherwise the membership will be granted. Upon the outcome of the vote, the candidate shall be notified via letter that their membership has been approved.

If the determination is made that the candidate should not be allowed membership with the department, the candidate shall be notified via certified letter that their membership has not been approved.

**Attachments**

- Appendix I – Prohibitive Offenses List
- Appendix II – Background Investigation Item Checklist
- Muhlenberg Township Fire & Rescue Application

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**Appendix I**

**Prohibitive Offenses**

<b>Offense Code</b>	<b>Prohibitive Offense</b>	<b>Type of Conviction</b>
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2702	Aggravated Assault	Any
CC2706	Terroristic Threats	Any
CC2709.1	Stalking	Any
CC2715	Threats to use Weapon of Mass Destruction	Any
CC2716	Possession of Weapon of Mass Destruction	Any
CC2717	Terrorism	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC2903	False Imprisonment	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson & Related Offenses	Any
CC3502	Burglary Any	Any
CC3701	Robbery Any	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Services	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors

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<b>Prohibitive Offenses</b>		
<b>Offense Code</b>	<b>Prohibitive Offense</b>	<b>Type of Conviction</b>
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3933	Unlawful Use of a Computer	1 Felony or 2 Misdemeanors
CC3934	Theft from a Motor Vehicle	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4120	Identity Theft	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering the Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4905	False Alarms to Agencies of Public Safety	Any
CC4906	False Alarms to Law Enforcement	Any
CC4914	False Identification to Law Enforcement Authorities	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witnesses or Victims	Any
CC5901	Open Lewdness	Any
CC5902	Prostitution	Any
CC5903C	Obscene and Other Sexual Materials to Minors	Any
CC5903D	Obscene and Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children & Related Offenses	Any
CS13A12	Acquisition of Controlled Substances by Fraud	Any
CS12A14	Delivery by Practitioner	Any
CS13A30	Possession with Intent to Deliver	Any
CS13A35(i-iii)	Illegal Sale of Non-Controlled Substance	Any
CS13A36-37	Designer Drugs Any	Any
CS13Axx*	* Any other drug conviction appearing on criminal history	Any

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Appendix II - Background Investigation Items

Applicant Name: \_\_\_\_\_

\_\_\_\_\_ Completed Membership Application

\_\_\_\_\_ \$25.00 Application Fee Included (Juniors Excluded)

\_\_\_\_\_ Photocopy of Front & Back of Driver's License

\_\_\_\_\_ Completed Child Abuse History Clearance

\_\_\_\_\_ Completed PA Criminal History Request

\_\_\_\_\_ Completed PA Driver History Report

\_\_\_\_\_ Photocopy of Working Papers (under 18)

\_\_\_\_\_ Photocopy of Recent Report Card (under 18)

\_\_\_\_\_ Photocopy of School Student Identification (under 18)

\_\_\_\_\_ References Contacted

\_\_\_\_\_ Search of Total Visibility for other ESOs / Confirmation of Certifications

\_\_\_\_\_ Review of Judicial System Web Portal

\_\_\_\_\_ Open Source Background Check

• Facebook	• Twitter	• YouTube
• LinkedIn	• Instagram	• Snapchat
• Google	• BeenVerified	• Truthfinder
• Intelius	• Peoplefinders	• Newspaper Websites

\_\_\_\_\_ Copies of Certificates Included

\_\_\_\_\_ Certifications Confirmed (ProBoard Database)

\_\_\_\_\_ Interview Performed

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# MUHLENBERG TOWNSHIP FIRE & RESCUE MEMBERSHIP APPLICATION

Muhlenberg Township Fire & Rescue  
4963 Kutztown Road  
Temple, PA 19560  
Phone (610) 929-8050  
Email: [applications@mtwpr.org](mailto:applications@mtwpr.org)  
<https://www.mtwpr.org>



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**Application for Membership  
Muhlenberg Township Fire & Rescue  
4963 Kutztown Road, Temple, PA 19560**

**GENERAL INSTRUCTIONS:** This application consists of several sections: a Questionnaire; Verification; and an Information Release. Every one of these sections must be completed for the Fire Department to accept the application as complete. Please **PRINT IN BLACK INK**, an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use reverse side or add an attached document and proceed with the number of the referenced block. Do not misstate or omit facts since the statements made herein are subject to verification to determine your acceptance to become a volunteer firefighter.

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Include Photocopy (Front & Back) of Driver's License**

**\*Personal Information:**

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

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

D.O.B.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-Mail: \_\_\_\_\_

**\*Military Status:**

YES

NO

Have you served in the U.S. Armed Forces?

Honorable Discharge?

Are you presently a member of a U.S. Reserve or State Guard organization?

If Yes, complete the following:

Indicate reserve obligation, if any: \_\_\_\_\_

**\*Emergency References:**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

**Medical Information:**

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician Practice: \_\_\_\_\_ Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Blood Type: \_\_\_\_ Organ Donor: YES  NO

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Past Medical History:

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(Use back of form if necessary or submit separate documentation)

**\*Background Information:**

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (\*\*Must Provide Entire Number\*\*)
2. Driver's License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State: \_\_\_\_ Class: \_\_\_\_ Expires: \_\_\_\_/\_\_\_\_
3. Have you ever had a license suspended or revoked? YES  NO  If yes, state basis for suspension.

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4. Have been convicted of misdemeanor or felony offense? YES  NO

5. Have you ever been convicted of any crimes or have charges expunged? YES  NO   
(If YES to either/both of the above, please list on a separate sheet of paper and attach in a sealed envelope.)

6. List two (2) references that are not relatives:

6-1. Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

6-2. Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

**\*Membership:**

1. Are you now, or have you ever been, a member of any other emergency service organization? YES  NO   
(If YES, please list: \_\_\_\_\_)

2. Has any disciplinary action been taken against you in any emergency service organization? YES  NO   
(If YES, please list: \_\_\_\_\_)

3. May we contact the emergency service organizations listed above? YES  NO

4. Have you experienced any serious injury or illness in the past five years that could affect your ability as a fire fighter? YES  NO   
(If YES, please list: \_\_\_\_\_)

5. Briefly explain why you wish to become a member of Muhlenberg Township Fire & Rescue.

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6. Membership Type: (Active, Support, Junior, Honorary) \_\_\_\_\_

**PLEASE ATTACH ANY TRAINING CERTIFICATES**

**The following information must be completed by those potential members between the ages of 14 & 18;**

**Parent or Legal Guardian Contact Information:**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

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

School District: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**Junior members must attach a copy of their working papers, a copy of their most recent report card, and a copy of their school identification.**

I hereby submit my application for membership with Muhlenberg Township Fire & Rescue. I hereby authorize Muhlenberg Township Fire & Rescue to thoroughly investigate my references, education, criminal history, and other matters related to my suitability for membership and any and all letters, reports and other information pertaining to my membership, without giving me prior notice of such disclosure. In addition, I hereby release Muhlenberg Township Fire & Rescue from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I authorize the results of that investigation be presented to the members of the department when my application is evaluated for membership.

\_\_\_\_\_  
(Initials)

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I will be required to abide by all rules and regulations of Muhlenberg Township Fire & Rescue.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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## 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 \$13.00 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 <input type="checkbox"/> Prospective adoptive parent <input type="checkbox"/> Employee of child care services <input type="checkbox"/> School employee governed by the Public School Code <input type="checkbox"/> School employee not governed by the Public School Code <input type="checkbox"/> Self-employed provider of child-care services in a family child-care home <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 <input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program <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 <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 <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 <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 <b>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</b> <input type="checkbox"/> Big Brother/Big Sister and/or affiliate <input type="checkbox"/> Domestic violence shelter and/or affiliate <input type="checkbox"/> Rape crisis center and/or affiliate <input type="checkbox"/> Other: _____ <input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)
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SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

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.)		

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## 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 #

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### INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

#### General:

- Type or print clearly and neatly in ink only.
- 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 \$13.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

#### Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
  - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
  - (2) An area vocational-technical school.
  - (3) A joint school.
  - (4) An intermediate unit.
  - (5) A charter school or regional charter school.
  - (6) A cyber charter school.
  - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
  - (8) A private school accredited by an accrediting association approved by the state Board of Education.
  - (9) A non-public school.
  - (10) An institution of higher education.
  - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
  - (12) The Hiram G. Andrews Center.
  - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
  - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a program, activity, or service, as a person responsible for the child's welfare or having direct contact with children: Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
    - A youth camp or program;
    - A recreational camp or program;
    - A sports or athletic program;
    - A community or social outreach program;
    - An enrichment or educational program; and
    - A troop, club, or similar organization
  - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
  - Check the box for **individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
  - Check the box for **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** if you are an adult household member in this setting and require certification.

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Member Application Process

GO: 101.1

- Check the box for **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** if you are an adult household member in this setting and require certification.
- Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the **volunteer having direct volunteer contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.
- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a "**PAYMENT AUTHORIZATION CODE**" by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

### Applicant Demographic Information:

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary; **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

### Address:

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note:** If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

### Contact Information:

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

### Previous Names Used Since 1975:

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

### Previous Addresses Since 1975:

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

### Household Members:

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

### Signature:

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

### CHILDLINE USE ONLY:

- Please **DO NOT WRITE** in this section. This is for CHILDLINE staff only.

### Additional Information:

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.