



PENNDEL MIDDLETOWN EMERGENCY SQUAD
616 EAST LINCOLN HIGHWAY • LANGHORNE, PA 19047-2998
PHONE 215-757-2663 • FAX 215-757-0222
www.pmems.org

Dear Prospective Member:

We are pleased you are interested in becoming a member of the Penndel-Middletown Emergency Squad (PMES). We are seeking committed individuals who wish to contribute their time and talent to the community as an active member of our organization. Before you complete the attached application, we urge you to read this letter completely so that you have an understanding of the application process and the level of commitment required.

PMES has been a proud part of Middletown Township and surrounding communities since 1959.

To be considered an **ACTIVE RIDING MEMBER of PMES**, members must be 18 years of age and participate at least 6 hrs of ride time per week. Active members are also encouraged to attend training classes held at the main station. Monthly meetings are also held at the station the second Friday or Saturday of each month and you are encouraged to attend the meetings during your 13 weeks of probation. Active riding members are ones where his/her primary interest is riding the ambulance and providing EMS care and are certified as an Emergency Medical Technician (EMT-B or EMT-P) by the Department of Health of PA. A career in EMS is not a pre-requisite for active riding members. PMES encourages active members to become an EMT within a year or two of becoming a member of PMES.

All new members will go through an In-Station Orientation class. Following that, members are required to watch and take a test on the following subjects: HIPPA, Blood Borne pathogens. A third subject that will also be covered: Sexual harassment. All are mandatory prior to riding or being allowed into the building as a probationary member.

As you can see, becoming a volunteer at PMES does take time and dedication. We believe it is important that you know the level of commitment that is necessary to become a fully active member so that you can make appropriate decisions about whether you have the time and can make the commitment to become a member of PMES. While it may seem like a great deal of time, we try to schedule training activities on evenings and weekends.

Your fully completed application, Pennsylvania Child Abuse Clearance History, Pennsylvania State Police Criminal Record Check and FBI Criminal Background check certificates should be dropped off or mailed in a sealed envelope to:

PMES
616 E. Lincoln Hwy
Langhorne, PA 19047
Attn: Chairperson of Membership Committee

PENNDDEL MIDDLETOWN EMERGENCY SQUAD

A volunteer from the Membership Committee will contact you to set up a personal interview. Please read the attached application as to the items you need to furnish at your scheduled interview.

You will be contacted within 5 to 10 working days of the membership committee's receipt of the following to schedule an interview:

- Fully completed volunteer application (with PA Child Abuse Clearance History, PA State Police Criminal Record Check and FBI Criminal Background check)

The information below is related to Background Checks/Clearances for:

- Pennsylvania Child Abuse History Clearances (CY113)
- Pennsylvania Criminal Record Checks (SP4-164)
- Federal Bureau of Investigations (FBI) Criminal Background Checks

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE INSTRUCTIONS

Child Abuse History Clearance Online: <https://www.compass.state.pa.us/CWIS>

Creating an account and submitting your clearance application online will give you immediate access to your results or the status of your results if your results cannot be processed immediately.

PENNSYLVANIA STATE POLICE CRIMINAL RECORD CHECK INSTRUCTIONS

Below is the link to the Pennsylvania Criminal Record Check form (SP4-164):
http://www.dhs.state.pa.us/cs/groups/webcontent/documents/form/s_001769.pdf

Applicants can also go to the Pennsylvania Access To Criminal History website and apply for their criminal record check online with the Pennsylvania State Police at:
<https://epatch.state.pa.us/Home.jsp>

If you have questions about the Pennsylvania State Police Request for Criminal Record Checks form (SP4 164), please call: (717) 783-9973 or toll free 1-888-783-7972.

FEDERAL BUREAU OF INVESTIGATION (FBI) CRIMINAL BACKGROUND CHECK INSTRUCTIONS

The Pennsylvania Department of Human Services is utilizing Cogent Systems to process fingerprint-based FBI criminal background checks. The fingerprint based background check is a multiple step process. For more information and to begin the registration process, go to www.pa.cogentid.com. For question about your FBI Clearance, please contact the FBI/Adam Walsh Unit at 717-783-6211 or 1-877-371-5422.

NOTE: After being voted into membership you can apply for a reimbursement for the above fees. Please save your receipts. No reimbursement can be issued without receipts.

We look forward to receiving your application. Should you have additional questions or if you have not been contacted by someone from the Membership Committee within 10 days from when your application was submitted, please contact Chairperson Zachary Cooperman using the following contact information:

Zachary Cooperman
Membership Committee, Chairperson
(Cell) 267-549-5139
zcooperman@pmems.org

Sincerely,
The Membership Committee



Penndel-Middletown Emergency Squad
Application for Membership

[] Active Riding Member – 18 years old or older

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell phone: _____

Email Address: _____

Date Available to Start: _____

How did you find out about us? _____

Do you have any relatives or friends working/volunteering here? _____

Please list their name(s):

POSITION INFORMATION

Volunteer Position Applying for (Circle one):

Non-EMT Student

EMT-B

EMT-P

Have you ever volunteered for this organization? _____

If so, date(s) _____ Prior position(s) here: _____

Reason(s) for leaving: _____

CERTIFICATION INFORMATION
(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Instructing Agency
CPR			
EMT/EMT-P Level: _____			
National Registry			
PALS or PEPP			
ACLS			
PHTLS or BTLS			
EVOC			
Other: _____			

WORK REQUIREMENTS AND GENERAL INFORMATION

Do you have a valid Driver's License? YES NO Class: _____

Issued by what State? _____ Driver's License #: _____

List all moving violations (convictions) and accidents in the last five years: _____

Have you ever been convicted, pled guilty, or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? YES NO

If yes, explain: _____

A conviction will not necessarily disqualify you from becoming a volunteer.

EMPLOYMENT HISTORY

(List your most recent employer or volunteer activity/agency)

Employer/Volunteer Agency: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End Date: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

EMERGENCY CONTACTS

Primary Contact:

Name: _____

Relationship: _____

Home Phone Number: _____

Cell/Work Phone Number: _____ Ext: _____

Secondary Contact:

Name: _____

Relationship: _____

Home Phone Number: _____

Cell/Work Phone Number: _____ Ext: _____

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ Address: _____
Years completed: _____
Did you graduate? YES NO
If not, highest grade completed: _____ Have you received your GED? YES NO

COLLEGE:

Name: _____ Address: _____
Years Completed: _____
Did you graduate? YES NO
Degree: _____ Major: _____ Minor: _____

OTHER COLLEGE:

Name: _____ Address: _____
Years Completed: _____
Did you graduate? YES NO
Degree: _____ Major: _____ Minor: _____

TECHNICAL SCHOOL:

Name: _____ Address: _____
Years Completed: _____
Did you graduate? YES NO
Certificate: _____ License: _____
Expires: _____ Expires: _____

OTHER SCHOOL/TRAINING:

Name: _____ Address: _____
Years Completed: _____
Did you graduate? YES NO
Certificate: _____ License: _____
Expires: _____ Expires: _____

OTHER: _____

EMS/FIRE SERVICE RELATED TRAINING: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (past or current): _____

REFERENCES

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

List **two** personal references that have known you for at least three years outside work.

Name: _____ Address: _____
How they know you: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
How they know you: _____
Years Known: _____
Telephone Number (including area code): _____

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of important information may be considered as sufficient reason for the rejection of my application. I recognize that completion of this application does not mean that I am accepted as a member, and does not obligate the organization in any way to accept me. If accepted, membership will be "at will" and either the company or I is free to terminate the membership agreement at any time without cause and without prior notice. This application is not an agreement or a guarantee of membership.

If accepted into membership and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by this organization as a condition of my membership. I hereby give consent to the release of all information which the company deems necessary to determine my ability to perform job duties now or in the future.

I hereby authorize the company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for membership, including a criminal history check, driving history check, child abuse clearance check, credit history and other such inquiries. I release the company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

Applicant's Signature: _____ Date: _____

Printed Name: _____

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. **DO NOT send cash or personal check.**

Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NO.

SEX

COUNTY YOU LIVE IN

M F

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

1. (LAST, FIRST, MIDDLE)

2. (LAST, FIRST, MIDDLE)

3. (LAST, FIRST, MIDDLE)

4. (LAST, FIRST, MIDDLE)

5. (LAST, FIRST, MIDDLE)

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1.

2.

3.

4.

HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

NAME (Last, First, Middle) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify 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).

Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II		RESULTS OF HISTORY CHECK	
<input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.		<input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).	
STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.	-	3.	-
2.	-	4.	-
_____		_____	
VERIFIER	DATE	VERIFIER'S SUPERVISOR	DATE

SECTION III	VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES		
<p>_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.</p> <p>The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.</p> <p>It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.</p>			
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE			
<input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred in the last five years.			
<input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred over five years ago.			
<input type="checkbox"/> Applicant is named as the perpetrator of an indicated child abuse or school employee report.			
<input type="checkbox"/> Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.			
PENNSYLVANIA STATE POLICE CLEARANCE			
<input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> No record exists. Report attached.			
FBI CLEARANCE			
<input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> No record exists. Report attached.			
<input type="checkbox"/> No FBI clearance required.			
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ _____ </div>			
VERIFIER	DATE	VERIFIER'S SUPERVISOR	DATE

DIRECTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE APPLICATION:

1. Applicants are to complete Section I only.
2. Type or print clearly and neatly in ink only.
3. The space for the applicant's name must be the applicant's full legal name. An initial is not acceptable for a first name. The address listed must be applicant's current home address. This is also where the results of the clearance will be mailed.
4. The applicant's Social Security number is voluntary. If filling in the Social Security number please fill in the entire Social Security number.
5. Age – Fill in the applicant's current age.
6. Date of Birth – Fill in the applicant's date of birth (Example: 01/22/1990).
7. Daytime Phone Number – Fill in the number for where the applicant can be reached in the event that there are questions about the information on the application.
8. Sex – Check the appropriate box for male or female.
9. County You Live In – Fill in the name of the county where you reside (this should be the county for the address that the applicant filled in the space on the left of this section).
10. **Purpose of Clearance** – Do not check more than one block:
 - a. Check the Child Care box if planning to work in a day care or child care setting.
 - b. Check the Foster Care box if applying as a prospective foster parent.
 - c. Check the School Employee box if seeking to have involvement within a school (public, private, vocational, or technical) for employment or volunteer purposes OR check this box if a child abuse clearance is needed due to enrollment in an educational program such as a nursing school or technical program.
 - d. Check the Adoption Block if in the process or planning to adopt a child.
 - e. Check Employment With A Significant Likelihood of Regular Contact With Children if NONE of the other options relate to why a child abuse clearance is needed.
 - f. Check the Volunteers box if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League, or churches. As noted on the form, if the Volunteer box is checked, the applicant must also attached A COPY of the RESULTS from their PA State Police Criminal History Record Check. Do not send original criminal record results because the original cannot be returned. If the applicant is not a current Pennsylvania resident, the applicant must also attach a copy of their FBI Criminal History results obtained within the past year.
 - g. Check the DPW Employment & Training Program Participant box if the applicant is participating in a Department of Public Welfare employment and training program through a county assistance office, or CAO, or the Office of Income Maintenance, OIM. The signature **AND** phone number of the CAO or OIM representative is required.
11. 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, aliases and also known as (aka) names.
12. 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 will be acceptable.
13. Household Members - Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). If the applicant was under the age of 18 in 1975 this section must include other household members who lived with the applicant or with whom the applicant lived. Please note the household member's relationship to the applicant, their age (to the best of your knowledge) and their sex. Applications where this section is left blank will be rejected and returned to the applicant.
14. Applications must be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.
15. Enclose a \$10.00 money order for each application. No cash or personal checks will be accepted. Agency or business checks are acceptable.
16. Do not send any postage paid return envelopes for us to return your results. Results are issued through an automated system generated mailing process.

Note: Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. Failure to comply with the above instructions will cause considerable delay in processing the results of an applicant's child abuse clearance.

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

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.*
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.

TRY OUR WEBSITE FOR A QUICKER RESPONSE

<https://epatch.state.pa.us>

NAME/ REQUESTER
ADDRESS
CITY/STATE/ ZIP CODE

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER

AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 Local Number 717-425-5546 1-888-QUERYPA(1-888-783-7972) DO NOT SEND CASH OR PERSONAL CHECK

CHECK ONE BLOCK
<input type="checkbox"/> 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
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

			-				-			
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NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)
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MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
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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

REASON FOR REQUEST: All requests \$10.00
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA*****
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

- | | | |
|---|---|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC)
<input type="checkbox"/> ATTORNEY
<input type="checkbox"/> BANKING
<input type="checkbox"/> BAR ASSOCIATION
<input type="checkbox"/> CHURCH
<input type="checkbox"/> CHILD CARE
<input type="checkbox"/> EDUCATION
<input type="checkbox"/> ELDER CARE
<input type="checkbox"/> EMERGENCY MANAGEMENT | <input type="checkbox"/> EMPLOYMENT/SCREENING
<input type="checkbox"/> FOSTER CARE
<input type="checkbox"/> HEALTHCARE
<input type="checkbox"/> HOUSING
<input type="checkbox"/> INSURANCE LICENSE
<input type="checkbox"/> MENTAL HEALTH
<input type="checkbox"/> NURSE AID TRAINING
<input type="checkbox"/> OTHER _____ | <input type="checkbox"/> PASSPORT
<input type="checkbox"/> PRIVATE INVESTIGATIONS
<input type="checkbox"/> SOCIAL SERVICES
<input type="checkbox"/> TENANT CHECK
<input type="checkbox"/> VISA
<input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER
<input type="checkbox"/> VOLUNTEER |
|---|---|--|

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.