

APPLICATION FOR MEMBERSHIP

# FREEMANSBURG FIRE COMPANY.NO. #1



# STATION 12

# Membership Application

## Personal Information

- Name (Last, First, M.I.): \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_
- Social Security #: \_\_\_\_\_

## Emergency Contact / Beneficiary

- Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Employment Information

- Employer: \_\_\_\_\_ Title: \_\_\_\_\_
- Years Employed: \_\_\_\_\_
- Employer Address: \_\_\_\_\_
- Employer Phone: \_\_\_\_\_

## Vehicle Information

- Make: \_\_\_\_\_ Model: \_\_\_\_\_
- Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_
- Driver's License #: \_\_\_\_\_
- State: \_\_\_\_\_ Class/CDL: \_\_\_\_\_
- Is your license currently suspended or revoked?    Yes    No
  - If yes, please explain:  
\_\_\_\_\_

## Background Information

- Have you ever been convicted of a crime?      Yes      No
  - If yes, please explain:  
\_\_\_\_\_
- Do you understand a police background check may be conducted?      Yes      No
- Have you previously been a member of another fire company?      Yes      No
  - If yes, provide:
    - Company Name: \_\_\_\_\_
    - State: \_\_\_\_\_
    - Chief Officer: \_\_\_\_\_
    - Position Held: \_\_\_\_\_

## Areas of Interest

- Please check your areas of interest:      Fire      EMS      Fire Police
- List any qualifications or certifications that would benefit the company:

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## Commitment Questions

- Are you interested in further education and training?      Yes      No
- Are you willing to take a physical exam if required?      Yes      No
- Do you understand that firefighting involves inherent risks, including injury or death?      Yes      No
- Do you understand that this is not a social club and requires active participation in calls, meetings, and drills?      Yes      No
- Are you willing to assist with fundraising and special assignments?      Yes      No

## References

Please list three professional references:

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## Applicant Declaration

I, \_\_\_\_\_, hereby apply for active membership in the Freemansburg Volunteer Fire Company No. 1. I am at least 18 years of age and of good character. I agree to abide by the Constitution, By-Laws, and Standard Operating Procedures of the company. I understand that any false information may result in termination of my membership.

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

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

## Additional Requirements

Dear Applicant,

Please complete the following requirements and submit them with your membership application:

### 1. Child Abuse Clearance Check

- Visit: <https://www.compass.state.pa.us/cwis/public/home>
- Select “Individual Login” and complete the form.
- Ensure you select the “Volunteer” application (no cost).
- Please allow 14–16 business days for processing; the clearance will be emailed to the address you provide.

### 2. Application Fee

- **\$20 (Cash or Money Order only – No Personal Checks)**
- This fee covers your application and first year of membership.
- All money orders must be made payable to **Freemansburg Fire Company No. 1.**

A member of the recruitment team will contact you within one week of receiving your complete application.

Thank you for your interest in serving with Freemansburg Fire Company!



# REQUEST FOR DRIVER INFORMATION

**DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS**

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

☐ BASIC INFORMATION: **\$14.00 FEE** (Driver history is **not** included)

☐ 3 YEAR DRIVER RECORD: **\$14.00 FEE**

☐ 10 YEAR DRIVER RECORD: **\$14.00 FEE** (Employment Purposes Only)

☐ FULL HISTORY: **\$14.00 FEE**

☐ CERTIFIED DRIVER RECORD: **\$44.00 FEE**

☐ COPY OF DOCUMENT FROM FILE (MICROFILM): **\$14.00 FEE**

☐ CERTIFIED COPY OF DOCUMENT FROM FILE: **\$44.00 FEE**

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at [www.dmv.pa.gov](http://www.dmv.pa.gov)

<b>A REQUESTER INFORMATION</b> NAME/COMPANY _____  ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i> _____  CITY _____ STATE _____ ZIP CODE _____  DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____  SIGNATURE <u>X</u> _____ NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	<b>B END USER OF INFORMATION BEING REQUESTED</b> NAME/COMPANY _____  ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence _____  CITY _____ STATE _____ ZIP CODE _____  DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____												
<b>C DRIVER INFORMATION</b> NAME: LAST _____ FIRST _____ INITIAL _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">DATE OF BIRTH</td> <td>DRIVER NUMBER</td> </tr> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	DATE OF BIRTH			DRIVER NUMBER	MONTH	DAY	YEAR						<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 must complete Section E.) <input type="checkbox"/> <b>C = Credit Business</b> (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.) <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 --NOTE: Filed copy of certificate prerequisite <b>MUST</b> accompany subpoena). <input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)  I hereby Certify that _____ <div style="text-align: right;">PRINTED NAME OF REQUESTER</div> 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 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include punishment of a fine not exceeding \$2,500, or to a term of imprisonment of not more than one year, or both.  <u>X</u> _____ <div style="text-align: right;">SIGNATURE OF REQUESTER</div>  Title _____
DATE OF BIRTH			DRIVER NUMBER										
MONTH	DAY	YEAR											
<b>E DRIVER RELEASE</b> I _____ hereby request <div style="text-align: center;">NAME OF DRIVER</div> the Department of Transportation to furnish a copy of my PA Driver's Record to _____ <div style="text-align: center;">NAME OF PERSON/COMPANY</div> <u>X</u> _____ <div style="display: flex; justify-content: space-between;"> <span>SIGNATURE OF DRIVER</span> <span>DATE</span> </div>	<b>F MICROFILM</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TYPE OF DOCUMENT</td> <td style="width: 50%;">DATE OF VIOLATION</td> </tr> <tr> <td colspan="2">           (see list of available documents below)         </td> </tr> </table> <div style="border: 1px solid black; padding: 5px;"> <b>Documents Available:</b> <ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> <li>• Ignition Interlock Removal Letter</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul> </div>	TYPE OF DOCUMENT	DATE OF VIOLATION	(see list of available documents below)									
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<b>NOTARIZATION</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">SUBSCRIBED AND SWORN</td> </tr> <tr> <td>TO BEFORE ME:</td> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">NOTARIZATION</div> <div style="border: 1px solid black; padding: 10px; flex-grow: 1;"> <div style="text-align: center;"> <u>X</u>            SIGNATURE OF PERSON ADMINISTERING OATH         </div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">S E A L</div> <div style="text-align: center; flex-grow: 1;">             SIGN IN PRESENCE OF NOTARY           </div> </div> </div> </div> </div>		SUBSCRIBED AND SWORN				TO BEFORE ME:	MONTH	DAY	YEAR				
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TO BEFORE ME:	MONTH	DAY	YEAR										

MESSANGER NO.

**INSTRUCTIONS**

1. **To request your own record**, complete Sections A & C only. Notarization is NOT required.
2. **To request a record other than your own**, complete Sections A, C, and D. Section E must contain the driver's signature if block **B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.**
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. **If requesting a microfilm copy of a document**, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$14.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."  
**DO NOT SEND CASH.** Attach your check or money order and send to:

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
P.O. BOX 68695  
HARRISBURG, PA 17106-8695

***For overnight and other special mail:***

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
1101 SOUTH FRONT STREET 3RD FLOOR  
HARRISBURG PA 17104-2516

**DESCRIPTION OF INFORMATION AVAILABLE**

BASIC INFORMATION . . . . Includes name, address, driver number, date of birth and class of license.  
(\$14.00 fee)

3 YEAR RECORD\* . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past  
(\$14.00 fee) 3 years from the date request is processed.

10 YEAR RECORD\* . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the  
(\$14.00 fee) past 10 years from the date request is processed. A 10-year record is for employment purposes only.

FULL HISTORY . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the  
(\$14.00 fee) **complete** history of the driver on file in Pennsylvania.

CERTIFIED RECORD . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the  
(\$44.00 fee) **complete** history of the driver on file in Pennsylvania certified by the Department.

**MICROFILM**

DOCUMENT . . . . . Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific  
(\$14.00 fee) as to the type of document and the date of the violation/action.

**CERTIFIED COPY**

OF DOCUMENT . . . . . Copies of documents from the microfilm file that have been certified by the Department.  
(\$44.00 fee)

**IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION**

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

**Visit us at [www.dmv.pa.gov](http://www.dmv.pa.gov) or call us at: 717-412-5300 ♦ TDD: 711**

\* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at [www.dmv.pa.gov](http://www.dmv.pa.gov) and click on "Online Business Services" for more information.