



# New Cumberland Fire Department Volunteer Membership Application

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Drivers' License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ SSN: XXX-XX- \_\_\_\_\_

## REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## CRIMINAL BACKGROUND

Have you ever been convicted of a crime?  Yes  No  
If yes, please explain, (including incident dates and state of offense) \_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR CHILD ABUSE CLEARANCES AND PENNSYLVANIA STATE POLICE  
BACKGROUND CHECK WITH YOUR APPLICATION.**

PA State Police Background Check: <https://epatch.state.pa.us/Home.jsp>  
Child Abuse Clearances Website: <https://www.compass.state.pa.us/cwis/public/home>

## WHY NEW CUMBERLAND FIRE?

What are you interested in doing as a member of the fire department? \_\_\_\_\_

Are you interested in assisting in any of these other areas (mark all that apply):

<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> EMS/Ambulance	<input type="checkbox"/> Fire Police (traffic control)
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Community Relations	<input type="checkbox"/> Administrative Assistance
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Business	<input type="checkbox"/> Finance

Have you ever volunteered with a fire dept or emergency services org. in the past?  Yes  No

If yes, Organization name: \_\_\_\_\_ Year: \_\_\_\_\_ Position: \_\_\_\_\_

***I understand by submitting this application that I authorize the New Cumberland Fire Department to complete criminal, reference and driving record background checks. I authorize the results to the background checks to be presented to the department when my application is evaluated for membership.***

***I certify that I am 18 years of age or older and if not, I have also provided a parent/guardian signature.***

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_