



GOSHEN FIRE COMPANY

1320 Park Avenue • West Chester, Pennsylvania 19380

Membership Application Process

Dear Applicant,

Thank you for your interest in the Goshen Fire Company. This letter will inform you about the department and the process for becoming a member. The attached forms should be printed and completed in order to start the application process.

The Goshen Fire Company is a combination department providing Fire, EMS, and Fire Police services to portions of East Goshen, West Goshen, Westtown and Willistown Townships.

Application Process:

- Submit Application

- The Membership Application and the Consent Release of Information documents must be completed by the prospective member if applicant is over the age of 18. Any applicants between the ages of 16-18 should fill out the Membership Application ONLY, along with your parent or guardian.
- The membership application, the Consent Form, and your initial dues of \$5.00 should be dropped off at Station 54 on Park Avenue or mailed to:

Goshen Fire Company
Attn: Membership Committee Administrator
1320 Park Avenue
West Chester, PA 19380

- Upon receipt by the Membership Committee Administrator of your completed application and initial dues (\$5.00),
 - our membership committee will review the application
 - conduct any interviews, check references, and successfully complete a background check that includes:
 - PA Child Abuse Clearance
 - PATCH (Pennsylvania Access to Criminal History)
 - FBI Identity History Summary Check (COGENT) for any applicant that has not continually lived in PA for 10 years or if applicant has lived in PA continually for 10 plus years, obtain signed the FBI Disclosure Waiver required by law.
 - post your name as a prospective member at Stations 54 & 56 for one month after the first Board meeting following receipt of the application. Board meetings are normally the last Wednesday of each month
- After a successful background and reference check, the Membership Committee Administrator will then:
 - Report their findings with a recommendation at the second Board meeting following receipt of the application.



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- The Division head will notify you of the outcome of this process.
- Applicants for Fire and EMS are encouraged to attend Monday night training which starts at 7:00 pm. The schedule is posted at www.goshenfireco.org.
- Applicants with previous Fire, EMS, and Fire Police experience should make copies of all applicable certifications that you have received. This includes, but is not limited to, CPR, First Aid-First Responder-EMT, fire courses and NIMS classes.
- After being accepted as a member of Goshen Fire Company, you will receive additional information which includes the Standard Operating Procedures for the division in which you will participate and insurance coverage.
- Further questions about the application process should be directed to the committee:
Membership Committee Administrator
call 610-430-1554 or email admin@goshenfireco.org with membership in the subject.

Thank you,

The Members of Goshen Fire Company – Stations 54 and 56



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Membership Application

Goshen Fire Company

(Application can be filled out online at our website: www.goshenfireco.org)

Station 54
1320 Park Ave
West Chester, PA 19380

Station 56
1299 Boot Road
West Chester, PA 19380

Personal Information

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Address: _____

Apt # _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Driver's License Number: _____ State _____ Expiration Date: _____

Have you been a PA resident for more than 10 years? Yes NO

Have you ever been convicted of a misdemeanor or a felony? Yes No

If yes, provide details: _____



Occupation Information

Occupation: _____

Employer - Company: _____

Employer Contact Name: _____ Phone Number: _____

Employer Address: _____

Position Information

Please check all applicable	FIRE: _____	EMS: _____	Fire Police: _____	Social: _____
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Previous Fire/EMS/Fire Police Service Experience

Department Name: _____

Address: _____

Contact: _____ Phone Number: _____

Have you ever been terminated or suspended as a member or employee of fire, ems or fire police organizations?

Yes or No

If yes, provide details: _____

Note: Any information in this application that is found to be false is grounds for immediate dismissal from the Goshen Fire Company. All statements are subject to investigation.



References:

Please Provide Three References (Name, Address, Phone Number)

1. _____

2. _____

3. _____

Signature and Dues:

Dues are \$5.00 per year and 1st year dues must accompany this application.

Checks should be made payable to *Goshen Fire Company*

I certify that all of the statements made on this application are true, complete, and correct to the best of my knowledge and belief.

Signature: _____ Date: _____
Applicant

Signature: _____ Date: _____
Parent or Guarding Signature if applicant is under the age of 18



Office use only below

Date Posted: _____ Accepted or Rejected

By Board of Directors: _____

Recommendation of Investigating Committee Accepted or Rejected

(Note: If rejected, state reasons under "comments")

Comments:



Consent Release of Information

(To be completed by anyone 18 years and older who is interested in becoming of Member of Goshen Fire Company)

Please read and provide all the required information indicated below. All information will be retained in the strictest confidence. Sign this form in the space provided and place the form in the President/Administrative mailbox in the radio Room at Station 54 (Park Ave Station)

I, _____, hereby authorize Goshen Fire Company (GFC) to conduct a criminal background check for purposes of determining whether I am qualified to serve as a GFC employee/ volunteer in accordance with the Pennsylvania Child Protective Services Law (CPSL). I also understand that I may withhold my permission and that in such a case, no investigation will be conducted, and my service as a GFC employee or volunteer will be terminated. I understand that I am responsible for completing the bottom of this form for the purposes of the Pennsylvania State Police, Pennsylvania Access to Criminal History (PATCH) Database and for completing the Pennsylvania Child Abuse History Clearance Application through the Pennsylvania Department of Human Services. If employed by the GFC or a resident of Pennsylvania for less than 10 years then I will be required to obtain an FBI Identity History Summary Check for Employment and Licensing. Volunteers with more than 10 years residency in Pennsylvania shall sign an FBI Discloser Statement.

This form to be completed regardless of length of residency in the Commonwealth of Pennsylvania. GFC will be responsible for all payment related to the aforementioned applications. All information gathered as a result of this investigation and the applicant's personal information will be held in the strictest confidence by GFC. Upon written request to GFC, the applicant has a right to receive a copy of the results of the background check. The criminal background check will remain valid for 5 years and be renewed every 5 years hereafter.

Signature of Applicant: _____ Date: _____

Applicant's Name – Printed _____

Please provide the following information:

First Name (full legal first name)

Middle Name

Last Name

Suffix

Date of Birth (MM/DD/YYYY)



Aliases/Nicknames

(Example: Maiden Name)

Social Security
Number

(### - ## - ####)

The Child Abuse clearance requests that you list present and all previous address for the past ten years. Please use the space below or back of page if more space is needed.

Current Address

(Street Address)

(City, State, Zip Code)

(County)

Previous Address

(Street Address)

(City, State, Zip Code)

(County)

Previous Address

(Street Address)

(City, State, Zip Code)

(County)

The Child Abuse clearance requests that you identify all individuals who have lived with you in your household over the past ten years. Please use the space below or back of page if more space is needed.

Household Member

(Full Name)

(Relationship)

(Gender)



Household Member	<input type="text"/>	(Full Name)
	<input type="text"/>	(Relationship)
	<input type="text"/>	(Gender)
Household Member	<input type="text"/>	(Full Name)
	<input type="text"/>	(Relationship)
	<input type="text"/>	(Gender)

Volunteer Applicants ONLY need to sign below.

As a volunteer applicant you are permitted to receive one certification free of charge every 57 months. In order to submit a volunteer application without a payment, you are required to affirm that you have not already received a paper or electronic volunteer certification free of charge within the previous 57 months.

Signature of Applicant: _____

Date: _____

Additional Information

All of the information that is entered here is secure and confidential. For more information on the security and confidentiality of this website, please view the [Commonwealth of Pennsylvania's Privacy Policy](#). Additionally more information is provided in the Rights and Responsibilities. If you have any questions please refer to the [Frequently Asked Questions](#) page. If you need further assistance, please contact the ChildLine and Abuse Registry's Child Abuse Clearance Unit at 1-877-371-5422.