



**MALVERN FIRE COMPANY, INC.
424 East King Street
Malvern, Pennsylvania 19355**

Application for Volunteer Membership

INSTRUCTIONS

Note: If you are under the age of 16, you are not eligible for volunteer membership; your application will not be accepted. If you are 16 or 17 years old, you must have permission from a parent or guardian (who must sign this application) or your application will not be accepted.

1. Complete the application in its entirety. Print legibly and sign in ink.
2. The Malvern Fire Company (MFC) Membership, Recruitment and Retention Committee may request an interview with you. **If you are 16 or 17 years old, a parent or guardian MUST accompany you during your interview.**
3. You are required to perform a Criminal History check and attach the results to your application. The instructions for performing this check are included in this application package. Your application will be considered incomplete without the Criminal History results attached and as such, will not be accepted.
4. You are required to submit proof of your identity. Attach a photocopy of your valid government issued photo identification (ex. passport, driver's license or government issued ID card) to your application. Your application will be considered incomplete without a photocopy of your proof of identity attached and as such, will not be accepted.
5. Upon receipt of your completed application, the MFC will commence a background investigation. During the background investigation you will be required to present for review, the original form of identification that you copied and submitted with your application.
6. Your completed application should be sealed in an envelope and mailed to the Malvern Fire Company. The envelope must be addressed as follows:

**Malvern Fire Company
424 E. King Street
Post Office Box 435
Malvern, PA 19355**

CONFIDENTIAL – ATTENTION: PRESIDENT

Instructions for Performing a Criminal History Check

1. Go to the PA State Police Website (below), where you can submit a new criminal background check. There is a fee for performing this records check, which can be paid online with a credit card.

<https://epatch.state.pa.us>
2. Under the heading “Credit Card Users,” click the “Submit New Record Check” button.
3. This will take you to a “Terms and Conditions” page. Click “Accept” at the bottom of the page after reading all of the terms and conditions.
4. This will lead you to a “Personal Information” page. Please use “Volunteer Firefighter” as your reason for request; then fill out all of your personal information and click “Next.”
5. This will lead you to a page in which you need to verify your personal information. If it is all correct click the “Proceed” button.
6. This will lead you to a “Record Check Request Form.” Fill out all of your information correctly on this page and then click “Enter this Request.”
7. After clicking this button it will bring you back to the “Record Check Request Form” in case you needed to perform criminal history checks on additional people. However, you are just requesting a criminal history check for yourself only, so click the “Finished” button at the bottom of the page.
8. You will then be taken to a “Record Request Check Review” page. Verify that all your information is correct and then click “Submit.”
9. This will lead you to a “Credit Card Information” page. Fill out all of the information correctly and then click “Next.”
10. You will then be led to a “Verify Credit Card Information” page. Click the “Submit” button.
11. This will take you to a “Record Check Results” page. If you have no record, then click on the “Control Number Hyperlink” in the box. This will lead you to a “Record Check Details” page.
12. Then click on the hyperlink called “Certification Form.” The Certification Form (this form has the PA State Seal, as its background) is what you need to print out and submit to the Malvern Fire Company. Please attach a copy of the Certification Form to your completed application.



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Applicant Information		
Last Name:		Suffix:
First Name:	Middle Name:	
Home Address:		
City:	State:	Zip:
Home Telephone:	Cell Telephone:	
Email Address:		
Are you 16 years of age or older? Yes ___ No ___		
Are you 18 years of age or older? Yes ___ No ___		
Are you a citizen of the United States? Yes ___ No ___		
Have you been a member of any other Fire or EMS company or organization? Yes ___ No ___		
If yes, please identify them and your role(s) at each:		
You are required to submit a Criminal History Check in accordance with the instructions attached to this application. Your Application will not be accepted unless you attach the results. Results Attached? Yes ___ No ___		
Are you interested in firefighting duties? Yes ___ No ___		
Are you interested in emergency medical services? Yes ___ No ___		
Are you interested in driving emergency vehicles? Yes ___ No ___		
Are you interested in administrative duties? Yes ___ No ___		

Do you have any relevant certifications? Yes ___ No ___
If so, please describe them and/or attach copies to this application below:

Education		
High School Attended:	City:	State:
Dates Attended:	Did you graduate:	
College / University Attended:	City:	State:
Dates Attended:	Did you graduate:	
Other:	City:	State:
Dates Attended:	Did you graduate:	

References <i>(List up to 3 references who are not related to you)</i>	
Full Name:	Telephone Number:
Relationship to you:	
Full Name:	Telephone Number:
Relationship to you:	
Full Name:	Telephone Number:
Relationship to you:	

Employment History <i>(List up to your 3 most recent employers)</i>	
Employer:	Dates:
Supervisor:	Telephone Number:
Position and Responsibilities:	
Employer:	Dates:
Supervisor:	Telephone Number:
Position and Responsibilities:	

Employer:	Dates:
Supervisor:	Telephone Number:
Position and Responsibilities:	

Military Service	
Branch:	Dates:
Rank at Discharge:	Type of Discharge:
If other than Honorable, please explain:	

Acknowledgement, Authorization and Signature(s)	
<p>My signature below, along with my parent or guardian's signature (if I am under 18 years of age), indicates that the information provided on this application is true and correct to the best of my/our knowledge and belief. I/We understand that in the event that I am approved for membership and information on this application is determined to be false or misleading, my membership status may be terminated.</p> <p>I/We authorize the Malvern Fire Company, Inc. or anyone acting on behalf of the Malvern Fire Company, to investigate any statements on this application and to secure any information necessary to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I/We hereby release all of those employers, references, academic institutions and the Malvern Fire Company from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for membership with the Malvern Fire Company.</p>	
Applicant's Signature:	Date:
Parent or Guardian's Signature:	Date:

For Malvern Fire Company Use <i>(Do not write in this section)</i>	
Date Application Received by Committee:	
Application Received By:	
Date read at Company Meeting:	Date read at Board Meeting:
Date voted on at Company Meeting:	Date voted on at Board Meeting:
Approved? Yes ___ No ___	