



## MOUNTVILLE FIRE CO. NO. 1

26 North Lemon Street  
Mountville, PA 17554

Founded 1874 - Chartered 1907

[mountvillefire.com](http://mountvillefire.com)



June 12, 2023

Dear prospective member,

It is my honor to be the chairman of the Membership Committee, and I would first like to thank you for your interest in membership with the Mountville Fire Company No. 1. We are an all-volunteer organization that is devoted to the life safety of Mountville Borough and the surrounding communities from many hazards. It takes many dedicated professionals working together to operate safely and effectively as a department. We have three main membership types: Senior Firefighter - for members who serve operationally in emergency response, Jr. Firefighters - members 14 - 17 years old involved in emergency response within the confines of the child labor laws, and Social - members that do not wish to be involved in the emergency response but assist with running the business of the department. Social members are full members who give their time and skills to track resources, fundraising, community outreach, and more.

The process to become a member is not a complicated one but it does take some time. First, you will need to complete and sign the attached application. Submit your application, PA criminal background check, child abuse clearance check, and FBI criminal background check (or waiver if you have resided in PA for the last 10 consecutive years) to the membership committee in person, by mail, or by email. After your application is reviewed you will be contacted to schedule an interview with the Membership committee. During the 15 -20-minute interview we will discuss expectations and responsibilities. The process requires that your application be brought up at two of our monthly company business meetings, at the second the membership of the Mountville Fire Company will vote on your application. You must attend at least one of the meetings, this gives you an opportunity to meet with members, ask questions and get a better understanding of who we are and what we do. The committee will contact you within a week of the business meeting. Business meetings occur on the 2nd Monday of each month, beginning at 7:30 pm. After the second reading, you will be notified of your membership status. If your application for membership is accepted you will meet with a member of the committee to receive your orientation guide, at that time a copy of your photo ID and the \$2.00 initiation fee is due.

It is a great responsibility and honor to serve our community. We have a culture of integrity, service, professionalism, and teamwork. We believe family comes first, and we understand that everyone's ability to serve is different. I invite you to come and see what our organization is about and see what you can offer to assist the community in which we live and work. I look forward to talking with you soon.

Sincerely yours,

Brandon Rennix

Vice-President

(717) 285-5456 x202

[Brandon\\_Rennix@MountvilleFire.com](mailto:Brandon_Rennix@MountvilleFire.com)



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Membership Committee Use Only		
<input type="checkbox"/> Application completed	<input type="checkbox"/> Background check certificates are attached	<input type="checkbox"/> Contacted references
<input type="checkbox"/> Scheduled interview with applicant	<input type="checkbox"/> Completed interview	<input type="checkbox"/> First reading
<input type="checkbox"/> Applicant attended a business mtg	<input type="checkbox"/> Second reading/vote	<input type="checkbox"/> Applicant contacted

Position applying for:     Firefighter     Junior Firefighter (14-17 years old)     Social Member

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years old or older?     Yes     No

Are you a citizen of the United States?     Yes     No. If no, are you authorized to work in the U.S.?     Yes     No

Have you ever been a member of this company before?     Yes     No    If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony?     Yes     No    If yes, explain \_\_\_\_\_

What activities are you interested in? (Check all that apply)

<input type="checkbox"/> Firefighting	<input type="checkbox"/> Recruitment	<input type="checkbox"/> Building & Equipment Upkeep
<input type="checkbox"/> Fire Prevention	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Record-Keeping
<input type="checkbox"/> Financial	Other: _____	

## References

Name at least two (2) people that you have worked with that are not related to you.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



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## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No

Other: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No

List your highest level of certification in the following categories.

Firefighter/Fire Officer: \_\_\_\_\_

Medical Provider: \_\_\_\_\_

Hazardous Materials: \_\_\_\_\_

Fire Service Instructor: \_\_\_\_\_

Technical Rescue: \_\_\_\_\_

Other: \_\_\_\_\_

## Fire Service Membership

List any other fire departments you have been or currently are a member of, include the department name, address, phone number and your position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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## Employment History

Begin with your current or most recent employer, then previous employers and fire company associations.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact this supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact this supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact this supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact this supervisor for a reference?  Yes  No



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## Background Checks

Pennsylvania State Background check: go to "[epatch.pa.gov](http://epatch.pa.gov)" and click on the "New Volunteer Check" then read and follow the directions. Submit the completed background check with the application.

Child Abuse background check: go to "<https://www.compass.state.pa.us/cwis/public/home>" If you do not already have a Keystone Key login you will need to create one and then create a clearance application for a volunteer organization. Submit the completed clearance with your application.

If you have been a resident of Pennsylvania for less than 10 years you will need to complete an FBI Criminal Background Check. To request an FBI criminal background check go to the following website and follow the instructions: [dhs.pa.gov/KeepKidsSafe/Clearances/Pages/FBI-Fingerprinting.aspx](http://dhs.pa.gov/KeepKidsSafe/Clearances/Pages/FBI-Fingerprinting.aspx)

If you have been a resident of PA for the last 10 years complete and sign the attached disclosure statement.

## Instructions

Submit your signed application with the completed background check certificates to the Membership Committee in person, by mail, or by email.

Should you have any questions, call or email us at (717) 285-5456 ext. 202 or [Membership@mountvillefire.com](mailto:Membership@mountvillefire.com).

Incomplete or incorrectly completed applications will not be considered.

## Disclaimer and Signature

In the course of my application for membership in the Mountville Fire Company, the officers and members of the company may desire to make certain inquiries as to my background, character, and experience. It is in my interest to permit such investigations to take place by the officers: and therefore, in consideration of my desire to have all material considered, I hereby authorize the Mountville Fire Company and its members and officers to make such inquiries as they deem appropriate. This includes, but is not limited to, any individual or group, institution, current or former employer, or emergency service agency. It is understood that I shall make no claim against the persons furnishing information and shall make no claim against any of the afore mentioned sources of information, including the Mountville Fire Company, for providing or reasonably using any or all information. I swear, or affirm, that all information given in this application for membership to Mountville Fire Company No. 1 is complete and accurate to the best of my knowledge. I also understand that if it is proven that I intentionally falsified the information provided, I may be rejected for membership without an opportunity for reapplication. If proof of falsification occurs after being accepted into membership, I also understand that the falsification may be grounds for my expulsion from the Mountville Fire Company No. 1.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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





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## DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS

Required by the Child Protective Service Law

23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and AM NOT required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; and
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing death of child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902(b) (relating to prostitution and related offenses)
- Section 5903(c) (d) (relating to obscene and other sexual material and performances)



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Section 6301 (relating to corruption of minors)  
Section 6312 (relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

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

Name: \_\_\_\_\_

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