



12 SILVERTON RD.
LLEWELLYN, PA 17944



EMAIL: GOOD_INTENT @ COMCAST.NET
PHONE: 570-544-9974

**MEMBERSHIP APPLICANT STATEMENT OF COMPLIANCE
WITH THE STATE FIRE COMMISSIONERS ACT
P.L. 604, No. 61**

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads:

“A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act.”

All individuals making application for membership into the Good Intent Hose Company #1 of Llewellyn, PA, must provide documentation of a criminal background check. Proof of a non-conviction **MUST** consist of *both* of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.
- AND**
2. By dating and signing of the following statement by the person swearing to the following:

“I have never been convicted of any felony offense or an offense that constitutes the crime of “arson and related offenses” under 18 Pa.C.S 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00”

Signature of Applicant

Date

Name of Applicant (please print or type)



MEMBERSHIP APPLICATION

Full Name: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

E-mail Address: _____ Driver License No.: _____ State: _____ Class: _____

Beneficiary: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Supervisor: _____ Date Hired: _____

Blood Type: _____ Will Donate – Yes No

List any serious injury or illness: _____

Have you ever been convicted of a felony crime? If yes, Explain: _____

Note: \$10.00 initial membership fee must be attached before application will be considered.

<h2>Membership Status Applying For</h2>
<p><input type="checkbox"/> ACTIVE: Respond to at least 25% of calls, attend at least 6 meetings per year, and attend training classes and drills.</p> <p><input type="checkbox"/> JUNIOR: Between the ages of 14 – 18</p> <p><input type="checkbox"/> SOCIAL: Assist with fund raising and administration work</p>

<h2>Junior Applicants Only, Complete The Following</h2>
<p>School Attending: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____</p> <p>Zip: _____ Phone No.: () _____</p> <p>Homeroom Teacher: _____</p> <p>Current Grade: _____</p> <p>Attach a copy of your last report card to application. A valid work permit will be required upon application acceptance.</p>

REFERENCES (other than family)

REFERENCE #1:

Name: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

REFERNECE #2:

Name: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Proposed By _____

I, the undersigned applicant, authorize the Good Intent Hose Company #1 to do a criminal background check on me. I also hereby give my permission to the Good Intent Hose Company #1 to utilize any information on the application in whatever investigative procedures are deemed necessary.

APPLICANT SIGNATURE & DATE

IF JUNIOR APPLICANT – SIGNATURE OF PARENT OR GUARDIAN

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone No.: () _____

Mailing Address: _____ Work Phone No.: () _____

City: _____ State: _____ Zip: _____

MOTHER'S INFORMATION

Name: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FATHER'S INFORMATION

Name: _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

MEMBERSHIP COMMITTEE APPROVAL
