



NORTH FAYETTE TWP. VFD.  
APPLICATION FOR MEMBERSHIP

Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Family Members \_\_\_\_\_

Next of Kin \_\_\_\_\_

Address \_\_\_\_\_

Beneficiary \_\_\_\_\_

Criminal Convictions \_\_\_\_\_

Medical Information

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Medical Problems \_\_\_\_\_ Hepatitis Vaccination Rec'd \_\_\_\_\_

Membership status desired (active/associate/special active)\_\_\_\_\_

If active with prior firefighting experience, list prior fire company name, position held, contact name and phone number:

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

If accepted, I promise to abide by the rules of the NFTVFD

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sponsoring Members (3 signatures required)

1. \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

3. \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Do not write below line

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Board of Governors Interview/Recommendation Date\_\_\_\_\_

Entry Date\_\_\_\_\_ Status\_\_\_\_\_

## Emergency Contact Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

**PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY  
(LEAVE BLANK)**

**PART I: TO BE COMPLETED BY REQUESTER  
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)**

DATE OF REQUEST

**\*\*\* TYPE OR PRINT LEGIBLY WITH INK \*\*\***

**NOTE:** IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

**WARNING:** A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME	North Fayette Township Volunteer Fire Department		
ADDRESS	7678 Steubenville Pike		
CITY	Oakdale	STATE	ZIP PA 15071

All Requests will be done via PSP Patch Website

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

4	1	2	-	7	8	7	-	2	8	8	3
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**REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)**

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA." THE FEE IS NONREFUNDABLE.

FEE EXEMPT NONCRIMINAL JUSTICE AGENCY

\*\* All Fees paid by North Fayette Twp Volunteer Fire Dept \*\*

NAME/SUBJECT OF RECORD CHECK (LAST)	(FIRST)	(MIDDLE)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

**REASON FOR REQUEST (CHECK ONE BLOCK)**

EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING)

ADOPTION/FOSTER CARE

OTHER (SPECIFY) **Volunteer Fire Dept**

ELDER CARE

CHILD CARE

SCHOOL DISTRICT

**ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY**

INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE—ENTIRE CRIMINAL HISTORY (AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

<p><b>REQUESTER CHECKLIST</b></p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?</p> <p align="center"><b>*** DO NOT SEND CASH OR PERSONAL CHECK ***</b></p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p><b>AFTER COMPLETION MAIL TO</b></p> <p align="center"><b>PENNSYLVANIA STATE POLICE</b></p> <p align="center">All Requests will be done via PSP Patch Website</p> <p align="center">717-783-9973</p> <p align="center">BUSINESS HOURS 8:15 am - 4:15 pm (Monday – Friday)</p>
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**PART II: CENTRAL REPOSITORY RESPONSE ONLY** **\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\***

<p><b>INFORMATION DISSEMINATED</b></p> <p><input type="checkbox"/> NO RECORD      <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p> <p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.</p> <p><input type="checkbox"/> NAME      <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH      <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX      <input type="checkbox"/> MAIDEN/ALIAS NAME</p>	<p>INQUIRY DISSEMINATED BY</p> <p>SID NUMBER</p> <p>CERTIFIED BY</p> <p align="center">(DIRECTOR, CENTRAL REPOSITORY)</p>
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This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.