



**Colonial Park Fire Company**  
433 S. Houcks Road, Harrisburg, PA 17109-2911

## **Application Instructions**

1. Review the welcome letter and make sure you have the time and commitment to become a member.
2. Complete the application. Note that because firefighting sometimes involves trespassing into secure areas, a background check must be performed.
3. Return the application using the envelope provided. You can either mail the application or drop it off in our mailbox (located at the rear entrance to the firehouse).
4. After the background check is completed, and turned in to someone from the membership committee will contact you to arrange an interview.
5. Once all these steps are successfully completed, the membership committee will recommend you at the next monthly meeting (first Thursday evening of every month).
6. You are then welcome to attend the remainder of the meeting and begin participating in membership activities.

Note: The application process can take several weeks to complete. Depending on the timing of the initial inquiry, it may take two full months for the applicant to be recommended for membership. Due to insurance reasons, during this wait potential candidates are not allowed to participate in any activities during approval process.



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Prospective member,

The Colonial Park Fire Company welcomes you as a new prospective member. We are sure you have many questions and hopefully this letter will answer some of them. In addition, we want you to be aware of the significant commitment of time required to be an active firefighter. We certainly do not want to scare anyone away; we are always in need of new personnel who can volunteer their time. However knowing what is required up front will certainly remove any surprises in your first few weeks of membership.

CPFC provides multiple services to Lower Paxton Township and surrounding townships. These services included engine company operations (firefighting), truck company operations (search & rescue), and rescue company operations. To deliver the highest level of service to the community, CPFC places a tremendous emphasis on **Training** and **Firefighter Safety**.

All training is offered locally, with the majority of courses held at HACC. CPFC will issue you all required gear and will pay for all approved training courses you attend. Our Deputy Chief will be your point of contact for training, and will assist you in creating your training plan and scheduling your courses. We have listed the required training courses below (necessary to maintain active firefighter status). Training requirements for new members with prior experience or training will be reviewed by the Fire Company Officers.

Training for new inexperienced firefighters begins with the new PA State Fire Academy's Modularized Curriculum. This course is broken into four modules totaling 165 hours. Once a member completes all four modules, they will then need to take a First Aid/CPR class lasting 8 hours. Members must also complete the 16 hour Hazardous Materials Operations class.

CPFC also requires several mandatory, in-house training courses. These include the Blood borne and Infectious Diseases Awareness course, our internal Self Contained Breathing Apparatus written and practical evaluations, and the National Incident Management Systems courses (on-line).

Upon the completion of all the above, you will be eligible to challenge the PA Firefighter Level 1 state certification exam. This is a two day test that includes both a written and practical evaluation. This is not a requirement of the state, but it is a tremendous achievement for a firefighter to receive this certification. CPFC requires all members to obtain the Firefighter Level 1 within one year of joining, and to date our members have passed with flying colors.

As you continue with your firefighting career, you will be enrolled in the PA Department of Health Basic Vehicle Rescue Technician course. This is a three module course that totals 48 hours of training. After this, there is nothing you will not be able to do at a vehicle accident.

While progressing through the above trainings, you will be required to attend a specific amount of in-house training that is offered on the second and fourth Tuesday of every month. These trainings typically last 1-3 hours. During the alternate Tuesday nights, we have a "service" night in which apparatus and equipment is cleaned and checked.



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These Tuesday night events are an important part of your training, as they allow you to meet other members and become familiar with our equipment and operating procedures.

Your training will continue for the remainder of your career in the fire service. All members, from the Chief to the newest firefighter, must maintain the highest level of proficiency. It's what the community expects of us, and what we are proud to provide.

The information listed above is what is expected of our members. It may seem overwhelming, but we are all volunteers and work and family commitments always take priority. If you have the desire, the Fire Officers will work with you and your schedule to make it happen. Much of the training can be done at your pace, and other creative arrangements can be made to satisfy in-house training requirements.

Please write down any questions you have and bring them to your interview.

### Summary of the Minimal Training Requirements

#### **Firefighter Module Program**

Intro to the Fire Service	16 hours
Fire ground Support	32 hours
Exterior Firefighter	52 hours
Interior Firefighter	40 hours
Advance Firefighter	24 hours
<b>Total</b>	<b>165 hours</b>

First Aid / CPR	8 hours	(4 hour refresher every year)
Haz-Mat Operations	24 hours	(8 hour refresher every year)
Blood borne Disease	8 hours	(4 hour refresher every year)
CPFC Self Contained BA	10 hours	(8 hour refresher every year)
NIMS (on-line)	4 hours	
In-House Training	6 hours monthly	

### Some Advanced Training Requirements

PA Firefighter I Certification	8 hours
PA Basic Vehicle Rescue Technician	60 hours
Rescue Intervention Teams	20 hours
Truck Company Operations I	16 hours
Truck Company Operations II	16 hours

## **Application for Membership**



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## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_

Cellular Telephone Number : (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(Must provide a photo copy of current driver's license and attach to application)

Have you ever filed an Application with the company before?  Yes  No

If Yes, give date: \_\_\_\_\_

I am interested in helping with the following activities (check all that apply):

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Firefighting | <input type="checkbox"/> Fire Prevention      | <input type="checkbox"/> Junior Firefighting |
| <input type="checkbox"/> Recruitment  | <input type="checkbox"/> Fund-Raising         | <input type="checkbox"/> Record-Keeping      |
| <input type="checkbox"/> Financial    | <input type="checkbox"/> Building Renovations | <input type="checkbox"/> Fire Police         |

Member of another Fire or Ambulance Company?  Yes  No

(If Yes, Please give Name, Address, and Phone Number:

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



# Colonial Park Fire Company

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## Employment History

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ **Dates Employed?** \_\_\_\_\_ **Present**

Previous Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ **Dates Employed?** \_\_\_\_\_ **Till** \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

## Firefighting/Emergency Service Related Training/Certification

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Please list any Pertinent Skills or Certifications that could be beneficial to the Colonial Park Fire Company? (Examples, Driving, Mechanical, Electrical, Administrative etc.....

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**Medical/Criminal Background**

Do you currently have any medical conditions that would prevent you from performing any firefighting duties?  No  Yes (if yes, explain):

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Have you ever been convicted of a crime (including traffic violations) and/or do you have any criminal charges pending against you?  No  Yes (If yes, explain):

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Have you ever been convicted of a felony within the last 7 years?  No  Yes  
(Conviction will not necessarily disqualify an applicant from membership)

(If yes, explain):

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In the course of my application for membership in the Colonial Park Fire Company #1, 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 Colonial Park Fire Company #1, its members and officers, and the Lower Paxton Township Police Department, 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 Colonial Park Fire Company #1 and the Lower Paxton Township Police Department, for providing or reasonably using any or all information. Also, to the best of my knowledge, all statements and answers which I have given are true, correct, and accurate. I further understand that any misrepresentation or omission of facts may result in nullification of this application and/or subsequent membership based on its contents.

How did you hear about the **Colonial Park Fire Company?**:

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Why do you want to join the **Colonial Park Fire Company?**:

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**Member Recommendations**

(Member must be in good standing)

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

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

**References**

(May not be current members of the Colonial Park Fire Company)

**Name, Addresses Telephone Number, and Years Known**

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

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

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

I solemnly swear that all information given in this application for membership to Colonial Park Fire Company is 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 a chance 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 Colonial Park Fire Company. Finally, I swear to uphold all fire company By-Laws and Standard Operating Procedures and to treat fire company property with the greatest care.

**Print Name of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Background will be paid in full and completed by Fire Co.( Please See Next Page)**

**Do not write below this line – For Fire Company Use Only**

Date Application Received: \_\_\_\_\_  
 (Application to be read before company at the next regular monthly meeting)  
 Findings of the investigating committee chairman:      Favorable      Unfavorable  
 Signature of Investigating Committee Chairman: \_\_\_\_\_  
 Date of Probationary Membership: \_\_\_\_\_ Yes    No  
 Date of Regular Membership: \_\_\_\_\_ Yes    No

# JUNIOR FIREFIGHTER PARENTAL APPLICATION

**TO BE COMPLETED BY PARENTS FOR APPLICANTS 16 & 17 YEARS OLD**

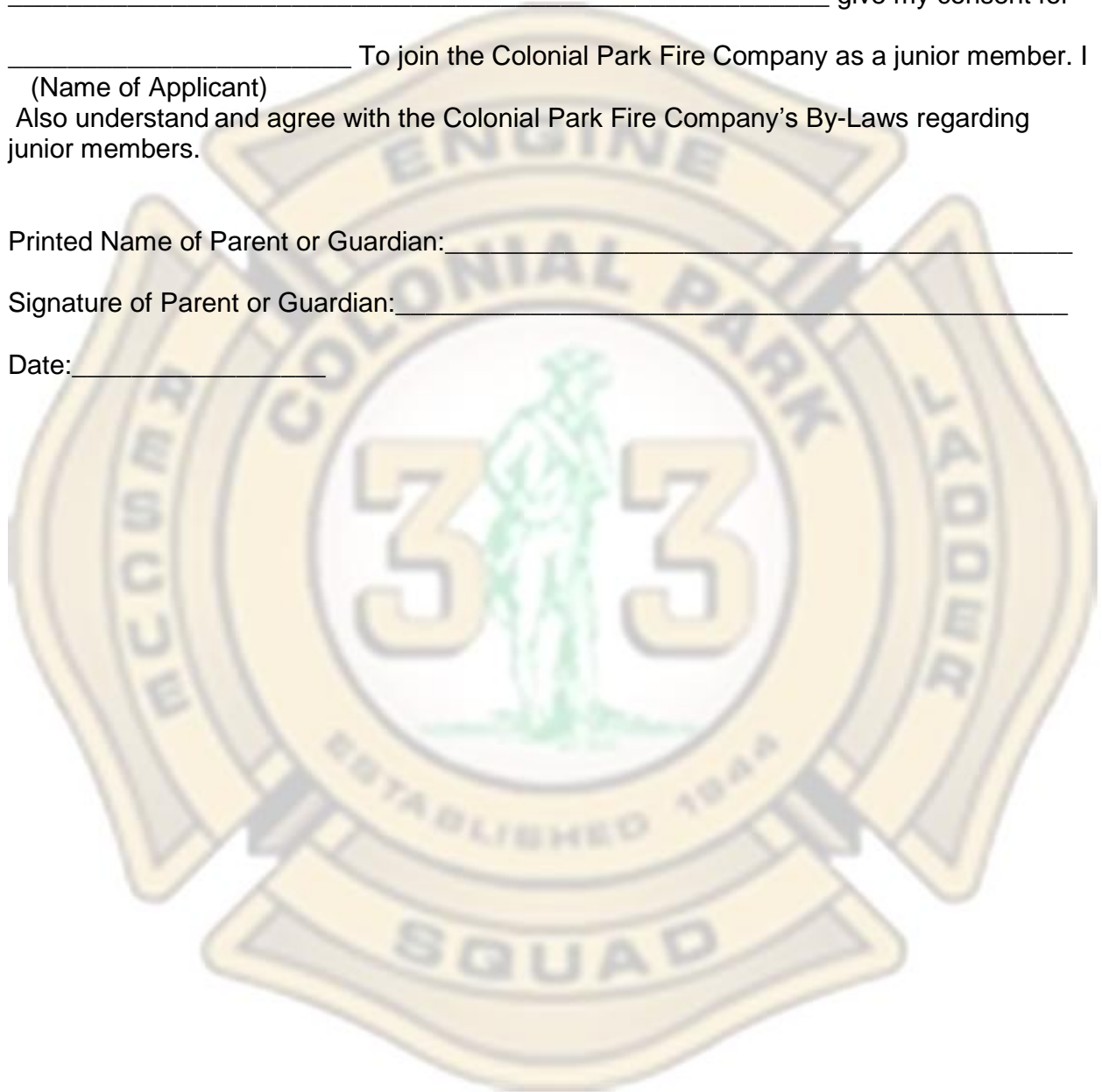
I \_\_\_\_\_ residing at \_\_\_\_\_  
(PARENT OR GUARDIAN) (ADDRESS AND PHONE #)  
\_\_\_\_\_ give my consent for

\_\_\_\_\_ To join the Colonial Park Fire Company as a junior member. I  
(Name of Applicant)  
Also understand and agree with the Colonial Park Fire Company's By-Laws regarding  
junior members.

Printed Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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





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

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**  
<https://epatch.state.pa.us>

<b>NAME/ REQUESTER</b>	
<b>ADDRESS</b>	
<b>CITY/STATE/ ZIP CODE</b>	

<b>FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER</b>				
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758  1-888-QUERYPA (1-888-783-7972) <b>DO NOT SEND CASH OR PERSONAL CHECK</b>				
<b>CHECK ONE BLOCK</b>				
<input type="checkbox"/>	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			
<input type="checkbox"/>	NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$15.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE			
<input type="checkbox"/>	FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE			
CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)				
<b>NAME/SUBJECT OF RECORD CHECK (FIRST)</b>	<b>(MIDDLE)</b>	<b>(LAST)</b>		
<b>MAIDEN NAME AND/OR ALIASES</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH (MM/DD/YYYY)</b>	<b>SEX</b>	<b>RACE</b>
The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information <u>contained in the files of the Pennsylvania State Police Central Repository only</u>				
<p align="center"><b>FEEES FOR REQUESTS - \$10.00. NOTARIZED FEE REQUESTS - \$15.00.</b>  <b>***MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA ***</b>                  &lt;&lt;&lt;&lt;&lt;&lt;&lt;CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST&gt;&gt;&gt;&gt;&gt;&gt;&gt;</p>				
<b>REASON FOR REQUEST</b>				
<input type="checkbox"/> <b>INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$15.00 FOR REQUEST)</b>				
<input type="checkbox"/> ADOPTION (DOMESTIC)	<input type="checkbox"/> EMPLOYMENT/SCREENING	<input type="checkbox"/> PASSPORT		
<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> PRIVATE INVESTIGATIONS		
<input type="checkbox"/> BANKING	<input type="checkbox"/> HEALTHCARE	<input type="checkbox"/> SOCIAL SERVICES		
<input type="checkbox"/> BAR ASSOCIATION	<input type="checkbox"/> HOUSING	<input type="checkbox"/> TENANT CHECK		
<input type="checkbox"/> CHURCH	<input type="checkbox"/> INSURANCE LICENSE	<input type="checkbox"/> VISA		
<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER		
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> NURSE AID TRAINING	<input type="checkbox"/> VOLUNTEER		
<input type="checkbox"/> ELDER CARE	<input type="checkbox"/> OTHER _____			
<input type="checkbox"/> EMERGENCY MANAGEMENT				
<input type="checkbox"/> <b>ACCESS &amp; REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY WITH A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID. SEE TERMS &amp; CONDITIONS)</b>				
AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT AND REQUIRED COPY OF GOVERNMENT PHOTO ID ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.				

**WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.**

*Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919*