



William Cameron Engine Company

P.O. Box 606, 11 Buffalo Rd.

Lewisburg, PA 17837

Telephone: 570-524-2295

Fax: 570-524-6831

Email: wcec@WCEC-LFD.org

Web page: www.wcec-lfd.org

Thank you for your interest in becoming a member of the William Cameron Engine Company. The William Cameron Engine Company provides fire, rescue, and emergency medical services to the Borough of Lewisburg and the surrounding area. If you decide to join our Company and are accepted into membership, you will be joining a Company that has been providing emergency services to our community since 1874. Please take a few moments to read the following information before submitting your application for consideration.

"Willing Hands to Save" - The Volunteers of the WCEC.

Becoming a volunteer member of the William Cameron Engine Company is not an easy task and frankly, is not for everyone. This is unlike any other type of community service. The time required to become fully trained and able to serve the community is much greater than many people realize.

The members of the William Cameron Engine Company provide a multitude of services to our community. Some of these include fire suppression, fire prevention/safety, fire investigation, motor vehicle accident rescue, and basic life support ambulance service.

Training/Meetings

- Trainings are held at our station for all members on Tuesday nights, which are held from 7:00 p.m. until approximately 10:00 p.m. each week. Most training received by members will be paid by the Company.
- Work detail at the station is held every Saturday morning, from 10:00 a.m. until 12:00 noon.
- Monthly meetings of the general membership to conduct business are held the first Friday of every month from 7:30 p.m. to about 9:30 p.m.

Membership Classifications

- ❖ JUNIOR MEMBERSHIP: Is a member that is 16 or 17 years old.
- ❖ SENIOR MEMBERSHIP: Is a member that is at least 18 years of age.
- ❖ ASSOCIATE MEMBERSHIP: Is a member that is an active member of an surrounding area fire, rescue, or EMS department . Classification of an associate member is awarded annually by the WCEC Fire Board, based on recommendations by the WCEC Department Chief and the Chief of the home department.

Ratings/Point System

WCEC has to keep a record of participation in order to establish which members are or are not active. The mechanism for doing this is the point system. Simply stated, each member is awarded a point for various WCEC activities such as trainings, meetings, emergency calls, etc. Points are accumulated on a quarterly basis (9/30-11/1, 12/1-2/28, 3/1-5/31, and 6/1-8/31).

- ❖ ACTIVE MEMBER: Must earn 15 points per quarter
- ❖ SOCIAL MEMBER: Must earn 3 points per quarter
- ❖ INACTIVE MEMBER: Earns Less than 3 points per quarter

Application for Membership

In order to allow you the opportunity to ask questions about the William Cameron Engine Company and to allow us to get to know you, you will be asked to visit the Station and meet with members of our Investigation Committee. These members are responsible for providing you with basic information concerning the Company and to conduct your background investigation. It is important to us that you are sure that membership in the William Cameron Engine Company is "right" for you before you commit yourself. Please take the time to fill out the application on the following pages. Return ALL application paperwork to the station. If you have questions, feel free to call the station.

In order to protect our community and fellow members, The William Cameron Engine Company has begun conducting background checks and random drug tests on all members and potential members. As part of the application process you will be asked to complete forms for three (3) background checks, The Pennsylvania State Police Criminal Record Check, The FBI Fingerprint Clearance, and the Childabuse Clearance. The first two (2) are done electronically, but please fill out the paper forms in the application so we have the information to process them electronically. The Childabuse Clearance must be mailed and cannot be done electronically. Please fill out this form completely, the "Purpose of Clearance" is VOLUNTEERS. In the Previous Address and Household Members please list any address you have resided at since 1975 and anyone who has lived with you since 1975. These background checks can take 4 to 6 weeks to be completed, and are required before the application can be voted on at one of our monthly meetings.

I want to take this opportunity to personally thank you for your interest in our Company. I hope to welcome you to our membership and assist you in providing a most valuable service to our community!

Sincerely,



**Stephen J. Hlavaty, President
William Cameron Engine Company**

WILLIAM CAMERON ENGINE COMPANY APPLICATION FOR MEMBERSHIP

PO Box 606, 11 Buffalo Road

Lewisburg, PA 17837

Phone: 570-524-2291 Fax: 570-524-6831

Email: wcec@WCEC-LFD.org

Web: www.WCEC-LFD.org

Check Interests (check all that apply):

- Fire/Rescue
 Emergency Medical Services
 Engineer
 Support Service (assist with fund-raising, rehab, etc)
 Associate (limited to members of other local area Fire/Rescue/EMS services)

PERSONAL INFORMATION

NAME				DATE OF BIRTH		AGE	
ADDRESS (home address for BU students)				CITY		STATE	ZIPCODE
HOME PHONE #		WORK OR SCHOOL PHONE #		EMAIL ADDRESS			
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	SEX	US CITIZEN?	RACE	
MARITAL STATUS		ALLERGIES			SOCIAL SECURITY #		
EMERGENCY CONTACT PERSON			CONTACT'S RELATIONSHIP TO YOU		CONTACT'S PHONE #		

EDUCATION AND JOB TRAINING

HIGH SCHOOL GRADUATE? If yes, month and year:		IF NOT A H.S. GRADUATE, HIGHEST GRADE COMPLETED	NAME/LOCATION OF H.S.	GED? If yes, date completed:		
ENTER BELOW ANY COLLEGE, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED						
NAME OF SCHOOL		CITY/STATE		DATES ATTENDED	MAJOR	DEGREE

FIRE/RESCUE/EMS TRAINING – Attach copies of all certificates to application

ENTER BELOW ALL FIREFIGHTER, EMT, OR OTHER APPLICABLE FIRE/RESCUE SERVICE TRAINING (Use extra page if necessary)				
TYPE OF CERTIFICATION		DATE RECEIVED	EXPIRATION DATE	ADDITIONAL REMARKS

PERSONAL REFERENCES

WCEC Investigating Committee will contact each of these references by telephone. These references should be able to comment on your education, work experience, character, and/or community service involvement.

PLEASE PROVIDE AT LEAST 3 PERSONAL REFERENCES – OR 4 PERSONAL REFERENCES IF YOU ARE NOT EMPLOYED.

NAME	TELEPHONE NUMBER	BEST TIME TO CALL	OCCUPATION/TITLE

EMPLOYMENT HISTORY

Begin with your most recent employer and work back at least 5 years.

EMPLOYER NAME	YOUR POSITION	DATES EMPLOYED	SUPERVISOR	PHONE NUMBER

Have you ever been dismissed or forced to resign from any position? If yes, please explain:

MILITARY EXPERIENCE (Please include a copy of your DD-214)

SERVICE NUMBER(S)	MILITARY BRANCH	RANK	DATES OF SERVICE	TYPE OF DISCHARGE

Briefly describe your military job(s) and training.

GENERAL INFORMATION

Have you ever been convicted, fined, placed on probation, or imprisoned since your eighteenth birthday? If yes, explain.				YES	NO
Have you ever been an applicant, member, or employee of WCEC or ANY other fire dept. or rescue squad?				YES	NO
NAME OF OTHER DEPARTMENT	ADDRESS	DATES OF SERVICE	CHIEF OF DEPT.	PHONE NUMBER	

SHORT ESSAY

In the space below – or on a separate sheet of paper – please indicate why you wish to join the William Cameron Engine Company

SIGNATURE

I hereby certify that all the information provided on this application is truthful and accurate to the best of my knowledge and ability. I understand that each statement will be investigated. Any inaccurate, falsified or misleading statement or answer may result in rejection of this application or dismissal from the department. I authorize William Cameron Engine Company (WCEC) representatives to contact by telephone or personal interview or in writing the persons listed as references on this application and to confidentially gather and maintain their evaluations of me with respect to my character and fitness for the position for which I am applying. In consideration of being considered for probationary membership by WCEC, I waive access to such reference forms/memos/letters/information in order to encourage candid evaluations of me be given for the protection of the community we serve, and I release the references contacted and WCEC and its representative from any claims arising out of or relating to the reference information given or the characterization of same however it may be recorded. I promise and agree that, if elected into membership, I will conform to the Constitution and By-Laws that govern WCEC.

APPLICANT'S SIGNATURE

DATE

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APPLICANT'S SIGNATURE

DATE

**WILLIAM CAMERON ENGINE COMPANY
REPORT OF HEALTH CARE PROVIDER**

PO Box 606, 11 Buffalo Road
Lewisburg, Pa 17837

Phone: 570-524-2291 Fax: 570-524-2294

Email: wcec@WCEC-LFD.org Web: www.WCEC-LFD.org

NOTE TO HEALTH CARE PROVIDER:

This person has applied to become a member of a volunteer fire department that provides fire, rescue, and emergency medical services to our community.

An ACTIVE member is one that will actually perform firefighting and emergency medical service activities. This type of member will encounter multiple types of stress, including extreme physical, mental, and emotional situations. Please include any concerns you have on their ability to perform as an active member. This should include any pertinent past medical history including mental illnesses.

A SUPPORT SERVICES member is one that will assist with fundraising and other such activities of the Department. They would not be subject to the physical extremes of active membership.

**NAME OF
APPLICANT:** _____

I have examined the above named applicant and found him/her to be physically, mentally, and emotionally capable of performing all duties associated with the fire, rescue, and/or ambulance service.

Comments:

Signature of Health Care Provider

Date

Printed Name of Provider

Provider's Address

Telephone Number

DATE RECEIVED: _____

**WILLIAM CAMERON ENGINE COMPANY
ANNUAL MEDICAL STATEMENT OF PERSONNEL**

PO Box 606, 11 Buffalo Road
Lewisburg, Pa 17837

Phone: 570-524-2291 Fax: 570-524-6831

Email: wcec@WCEC-LFD.org Web: www.WCEC-LFD.org

TO BE COMPLETED BY THE MEMBER OF WCEC OR APPLICANT TO WCEC.

THIS FORM DOES NOT HAVE TO BE COMPLETED BY A HEALTH CARE PROVIDER.

NOTE: This form is designed to provide the individual in charge of all personnel a complete history of physical status as of the date indicated without the need for expensive physical examinations. It is recommended that the form be completed on an annual basis by all drivers of emergency vehicles as well as other employees. If any of the questions are answered "YES", be sure the answer is fully explained.

NAME		DATE OF BIRTH	AGE
PHYSICIAN NAME:		PHYSICIAN ADDRESS:	
PHYSICIAN PHONE:			

EYESIGHT

YES NO COMMENTS

Have you lost use of either eye? ___ R ___ L			
Is peripheral (side) vision restricted?			
Are you color blind?			
Do you have, or have you ever had, cataracts?			
Are deficiencies corrected by glasses/contacts?			
Date of last eye exam: _____			

HEARING

YES NO COMMENTS

Do you have difficulty hearing normal conversations?			
Do you use a hearing aid?			

DIABETES

YES NO COMMENTS

Have you ever been treated for diabetes?			
If yes, are you on medication/insulin?			
Date of latest blood sugar test: _____			

DATE RECEIVED: _____

HEART

YES NO COMMENTS

Have you ever been treated for heart disease?			
Do you have a pacemaker?			
Date of last treatment/check-up: _____			

BLOOD PRESSURE

YES NO COMMENTS

Have you ever been treated for high blood pressure?			
If yes, when were you treated? _____	What was your last reading? ____ / ____		

EPILEPSY

YES NO COMMENTS

Have you ever been treated for epilepsy?			
If yes, when was your last seizure? _____			

LIMBS

YES NO COMMENTS

Have you lost an arm or leg?			
Have you lost use of an arm or leg?			
Does your vehicle have special controls?			

MISCELLANEOUS

YES NO COMMENTS

Have you ever had, or been treated for, convulsions?			
Have you ever had any fainting spells?			
Have you ever had/been treated for loss of equilibrium?			
Have you ever been treated for alcohol or drug abuse?			
Have you ever been treated for mental illness?			
Are there any restrictions posted on your vehicle operator's license?			
Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate a motor vehicle?			
What is the date of your last physical exam? _____			

The answers to the above Annual Medical Statement of Personnel are complete, accurate, and true to the best of my knowledge.

Signature of Member/Applicant

Date

FBI Finger Print Clearance Release

Last Name	First Name	Middle Name
Date of Birth	City of Birth	State of Birth
SSN#	Driver's License #	State Issued
- -		
Race		
Height	Weight	Eye Color
' "	lbs.	
Hair Color	Sex	Country of Citizenship
	MALE / FEMALE	
Street Address		
City	State	Zip
Phone	E-Mail	
Alias Last Name	Alias First Name	Alias Middle Name

By signing below I give The William Cameron Engine Company permission to use the above information as necessary to run background checks on me.

Signature

Date

Printed Name

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHIDLINER AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHIDLINER USE ONLY

DATE RECEIVED BY CHIDLINER

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER

AGE DATE OF BIRTH DAYTIME PHONE NO.

SEX COUNTY YOU LIVE IN

M F

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)

(FIRST, MIDDLE, LAST)

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> VOLUNTEERS-A copy of your PROCESSED 'Request for Criminal Record' (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258). | <input type="checkbox"/> CWEP (Community Work Experience Program Participant) |
| <input type="checkbox"/> FOSTER CARE | | |
| <input type="checkbox"/> ADOPTION | | |
| <input type="checkbox"/> SCHOOL | | |

SIGNATURE OF CAO REP

CAO PHONE NO

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1. _____
2. _____
3. _____
4. _____

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHIDLINER USE ONLY

SECTION II

RESULTS OF HISTORY CHECK

- | | |
|--|--|
| <input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE. | <input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW). |
|--|--|

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER

DATE

VERIFIER'S SUPERVISOR

DATE

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

VERIFIER_____
DATE_____
VERIFIER'S SUPERVISOR_____
DATE