



William Cameron Engine Company

P.O. Box 606, 11 Buffalo Rd.

Lewisburg, PA 17837

Telephone: 570-524-2295

Fax: 570-524-2294

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, emergency medical, and dive rescue 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, basic life support ambulance service, water rescue, water recovery and salvage.

Active Membership

If you decide to apply and are accepted into active membership in the William Cameron Engine Company you will be expected to attain a minimum of one of the following ratings within eighteen (18) months of your acceptance as a member. Most training received by members will be paid by the Company as long as the member provides at least two years of active service to the Company. Applications will be voted upon for acceptance as members during the company meeting the first Friday of the month at 7:30pm.

1. Fire Fighter First Class: These are members whose interest is basically in the fire fighting operations of the Company. To attain this rating members must meet minimum in-house training requirements. In addition, these members are encouraged to complete the Essentials of Fire Fighting-Basic Module as offered by the State Fire Academy. This EBM class consists of 88 hours of training.
2. Ambulance Technician: This is a rating assigned to members whose interest is mainly with the ambulance service provided by the Company. To attain this rating, members must complete either a First Responder course, an Emergency Medical Technician course or Advanced First Aid training. In

addition, members must obtain current CPR certification. The EMT class currently is over 100 hours including hospital based training.

3. Diver: This is a rating assigned to members that wish to serve as a member of the Dive Team. Minimum qualifications for divers are current Open Water Diver certification. In addition, Divers are required to attain certification as an Advanced Open Water Diver within eighteen (18) months of membership.

In addition you will be asked to participate in as many Tuesday night trainings, which are held from 7:00 p.m. until approximately 10:00 p.m. each week and Saturday morning work details which run from 10:00 a.m. until at least 12:00 noon. This does not include any responses to actual calls. As you can see, the time commitment required is quite extensive.

Additional Classifications

Some applicants may choose to join as a Support Services only member. These members will have no voting rights and will not be issued gear. They may be issued other equipment such as pagers depending on the availability of such equipment. These members will assist the WCEC with fund raising activities, rehab and refreshments at incident scenes and other support activities as approved by the WCEC.

In addition, we have created an associate membership category for members of other area fire, rescue or emergency medical service departments to assist the WCEC during incidents. These members will join only with the permission of the Chief of both their home department and the Chief of WCEC. Activities will be limited to areas where the associate member has applicable training. Their function within the WCEC will be directed by the Chief of WCEC.

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. If you have questions, feel free to call the station. Please complete the physical form and have a doctor sign it. Also, please complete the last page of the form, a request for a criminal record check. You will need to send in the form to the State Police with a money order and the fire station will reimburse you. Do not delay turning in your application as we can vote on you pending these two forms.

Again, thank you for your interest in our Company. We hope to welcome you to our membership and assist you in providing a most valuable service to our community!

William Cameron Engine Company
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5th Street at Buffalo Road
Lewisburg, PA 17837
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MEMBERSHIP APPLICATION

Section #1.

To the Officers and Members of the William Cameron Engine Company: Having formed a favorable impression of your organization, I hereby respectfully request admission into the William Cameron Engine Company as an Active Member. I promise and agree that, if elected, I will conform to the Constitution and By-Laws that govern your Company. I authorize the William Cameron Engine Company and its agents to investigate my health, habits, character and standing in the community. I authorize any person contacted by the WCEC or its agents, to release any and all information about me that is requested. I understand that falsification of any information on this document may lead to arrest under Section 4904 of the Pennsylvania Crime Code.

Type of Membership Applied For: (Please check one)

_____ Active: Complete Sections 1 and 2
Interest: (circle all that apply) Fire Emergency Medical Services Dive
_____ Support Service: (Assist with fund raising, rehab, etc)
Complete Sections 1 and 2
_____ Associate: (Limited to members of other area fire/rescue/EMS services)
Complete Sections 1 and 3

Witness my hand this _____ day of _____ 20 ____.

Signature: _____

PLEASE PRINT ALL INFORMATION REQUESTED BELOW

Name: _____ Age: _____ Date of Birth: _____

Current Address: (Please include street address as well as PO Box)

_____ Home Telephone: _____
Email: _____
Other Telephone or pager: _____

Section #2

List previous address if at current address less than 2 years. Bucknell Students should supply their home address in this space.

Report of the Investigation Committee

Character References Report

Check with Current Employer:

Check with Most Recent Former Employer:

Police and NCIC Check:

Qualifications, Training, and Area of Interest:

We the undersigned, members of the Investigating Committee, respectfully report that we have made diligent inquiry into the health, habits, character, and standing of the petitioner, and recommend that s/he

BE ADMITTED

NOT BE ADMITTED

to active membership in the William Cameron Engine Company.

Signatures: _____

Balloted for and Accepted / Not Accepted On _____

Signature of Secretary: _____

Dues Paid: _____

Membership Book Signed: _____

Signature of Witness: _____

William Cameron Engine Company
PO Box 606
Lewisburg, Pennsylvania 17837

Annual Medical Statement of Personnel

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.

Questions

Name: _____

Address: _____

City & State: _____ Zip: _____

Full Time Occupation: _____

Organization: _____

Position / Title: _____

Social Security Number: _____

Drivers License Number: _____

State Issued: _____

1. **Birth Date:** Month ____ Day ____ Year ____

2. Eyesight:

- a. Have you lost use of either eye? ____ R ____ L Y N
- b. Is peripheral (side) vision restricted?..... Y N
- c. Are you color blind? Y N
- d. Do you have, or have you ever had, cataracts? ... Y N
- e. Are deficiencies corrected by glasses/contacts Y N
- f. Date of last eye exam _____

3. Hearing

- a. Do you have difficulty hearing normal conversation? Y N
- b. Do you use a hearing aid?Y N

4. Diabetes

- a. Have you ever been treated for diabetes?Y N
- b. Describe current medication and dosage, if any, and method of administration under remarks.
- c. Date of latest blood sugar test: _____

5. Heart

- a. Have you ever been treated for heart disease?..... Y N
- b. Describe Condition under remarks
- c. Describe current medication and dosage under remarks
- d. Do you have a pacemaker?Y N
- e. Date of last treatment or check-up: _____

NOTE: If any question is answered "YES", give particulars below. For medical histories, underline the item and answer by referring to question number and letter. Give dates, symptoms, duration, treatment results, names and addresses of doctors, hospitals, etc.

Remarks

6. Epilepsy

- a. Have you ever been treated for epilepsy?.....Y N
- b. If yes, when was your last seizure? _____
- c. Describe current medication and dosage, if any, under remarks.

7. Blood Pressure

- a. Have you ever been treated for high blood pressure? Y N
- b. If Yes, when were you treated? _____
- c. What was your last reading? _____/_____
- d. Describe current medication and dosage, if any, under remarks

8. Limbs

- a. Have you lost an arm or leg?.....Y N
- b. Have you lost use of an arm or leg?Y N
- c. Does your vehicle have special controls?Y N
- d. If Yes to any of the above, describe under remarks

9. Miscellaneous

- a. Have you ever had, or been treated for, convulsions? Y N
- b. If Yes, give date of last treatment, and describe current medication and dosage, if any, under remarks.
- c. Have you ever had any Fainting Spells? Y N
- d. If Yes, give date of last treatment, and describe current medication and dosage, if any, under remarks.
- e. Have you ever had / been treated for loss of Equilibrium? Y N
- f. If Yes, give date of last treatment, and describe current medication and dosage, if any, under remarks.
- g. Have you ever been treated for Alcohol or Drug Abuse? Y N
- h. If Yes, give date of last treatment, and describe current medication and dosage, if any, under remarks.
- i. Have you ever been treated for Mental Illness? Y N
- j. If Yes, give date of last treatment, and describe current medication and dosage, if any, under remarks.

10. What is the date of your last physical exam?

11. Are there any restrictions posted on your vehicle operator's license? Y N

12. Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate a motor vehicle? Y N

13. When and for what purpose, did you last consult a doctor?

14. Full Name, Address, and Telephone Number of Your Personal Physician.

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

Signature of Person Named Above

Date

Authorization For Release of Information

I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the Medical Information Bureau, or other organization, institution, or person that has any records or knowledge of me or my health, to give the William Cameron Engine Company any such information.

A photographic copy or similar reproduction of this authorization shall be as valid as the original.

Signature of Person Named Above

Date

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Membership Application

Report of Family Physician

Name of Petitioner: _____

Type of Membership Applied For: **ACTIVE** **SUPPORT SERVICES**

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

Comments: _____

Signature or Physician: _____

Name of Physician (Please Print): _____

Address: _____

Telephone Number: _____

Note to Physicians: The above named applicant 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 such as depression, suicide attempt, et cetera.

A Support Services Member is one that will assist with fund raising and other such activities of the Department. They would not be subject to the physical extremes of active membership.

**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			
ADDRESS			
CITY	STATE	ZIP	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

			-				-				
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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
- *** DO NOT SEND CASH OR PERSONAL CHECK *****

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) ELDER CARE CHILD CARE SCHOOL DISTRICT
- ADOPTION/FOSTER CARE
- OTHER (SPECIFY)

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>REQUESTER CHECKLIST</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">*** DO NOT SEND CASH OR PERSONAL CHECK ***</p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO</p> <p align="center">PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 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>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p>	<p>INQUIRY DISSEMINATED BY</p>	<p>SID NUMBER</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>CERTIFIED BY</p> <p align="center">(DIRECTOR, CENTRAL REPOSITORY)</p>	

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.