

APPENDIX OF FORMS

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Approved Adult Application

Willow Street Mennonite Church

This application is a mandatory part of a process to assist the congregation in providing a safe, nurturing Christian environment for our children/youth. Persons responsible for the supervision and care of our children/youth are in a special position of trust and confidence. Therefore, anyone seeking to work with the children/youth of Willow Street Mennonite Church must complete this application.

FOR OFFICE USE

This applicant is approved. ☐ YES ☐ NO

Note: _____

Date: _____ Authorized by _____

Attach a copy of your driver's license, school ID, etc. as photographic identification.

Please complete this application in its entirety.

Date: _____

Personal Information

Name: _____ Preferred Name: _____

Driver's License # & State _____ DOB: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best time to call: _____ Email: _____

Permanent addresses you have maintained during the last ten years, beginning with the most recent.

Are you 18 years of age or older? ☐ Yes ☐ No

Present Occupation: _____

Family Status: Single _____ Married _____ Divorced _____ Widowed _____

Name of Spouse: _____ Number of Children: _____

Names and Ages of children: _____

History of Ministry to Children or Youth

Have you received Jesus as Savior and Lord of your life? ☐ Yes ☐ No

What church do you attend? _____ For how long? _____

In what ministry/ministries are you considering serving?

What about this ministry/ministries interest you?

List previous work with children/youth, the church/organizations you served, and the dates served.

List what other callings, training, education or other experiences which have prepared you for work with children or youth.

Security Issues

Before answering questions in this "Security Issues" section, please read the Child Protection Policy of Willow Street Mennonite Church and the page attached to this application on which appear definitions of child abuse and child sexual abuse and exploitation. In the questions below, the words "abuse," "abusing a child" and "child abuse" are intended to include the conduct described in the definitions.

Is there any reason why you should NOT work with children/youth? ☐ Yes ☐ No If yes, please explain.

Have you ever abused a child/youth (a person less than 18 years of age)? ☐ Yes ☐ No If yes, please explain.

Have you ever been accused of abusing a child/youth? ☐ Yes ☐ No If yes, please explain.

Have you ever been involved in a child abuse investigation as a witness, alleged victim, or alleged abuser?

☐ Yes ☐ No If yes, please explain. _____

Have you ever been arrested for, convicted of, or plead guilty to a criminal offense against a person?

☐ Yes ☐ No If yes, please explain

Have you had your license revoked or suspended within the past 4 years? ☐ Yes ☐ No

If yes, when: _____

References

Please list the name, address and phone numbers of two personal references other than relatives:

1. _____
2. _____

PLEASE COMPLETE THE BACK OF THIS FORM

Applicant's Statements

I agree that the information contained in this application is correct to the best of my knowledge.

Applicant's Signature _____ Date _____

(print name)

APPLICANT'S PERMISSION FOR THE DISCLOSURE OF INFORMATION ABOUT THE APPLICANT AND APPLICANT'S RELEASE OF ALL CLAIMS AGAINST PERSONS OR ENTITIES THAT DISCLOSE INFORMATION OR GIVE OPINIONS ABOUT THE APPLICANT

I understand and agree that the congregation may contact the churches and references identified above and others who may be identified by those listed above. I authorize these references or churches or others to give you any information (including opinions) that they may have regarding my character and fitness for work with children/youth. I also understand and agree that law enforcement authorities or any other person or entity with access to records of criminal arrests or convictions may be contacted during the consideration of this application. I authorize these law enforcement authorities or any other person or entity to provide information regarding criminal arrests or convictions. In consideration of the receipt and evaluation of this application by the congregation, I hereby release the congregation and any individual, church, youth organization, employer, reference, or any other person or entity, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of any person's or entity's disclosure of information about me or the expression of an opinion about me.

I understand that as a volunteer working with children/youth, I am required to complete a PA Criminal Records check and a PA Child Abuse clearance, as well as an FBI fingerprint record check if I have not been a resident of PA for the last 10 years. I also understand that I will be a mandated reporter, required by state law to report to proper authorities any suspected child abuse I become aware of. I understand that I will be given training in how to recognize child abuse, and how to properly report it. I understand that I am legally required to make such a report when necessary, and that failure to do so may carry criminal penalties as well as risk injury to a child. I agree to notify the church within 72 hours if I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service with children or if I am named as a perpetrator in a founded or indicated report of child abuse..

I further state that I have carefully read the foregoing release and understand its content. I am signing this release freely and voluntarily.

Applicant's Signature _____ Date _____

(print name)

FOR OFFICE USE

I acknowledge that the above named applicant has appeared before me and produced an acceptable form of identification.

Reviewer _____ Date _____

**THE FOLLOWING WILL PERMANENTLY DISQUALIFY AN APPLICANT FROM SERVING AS A VOLUNTEER
OR PAID STAFF MEMBER WORKING WITH CHILDREN OR YOUTH:**

TITLE 23

§ 6344

(c) Grounds for denying employment or participation in program, activity or service.--

(1) In no case shall an administrator hire or approve an applicant where the department has verified that the applicant is named in the Statewide database as the perpetrator of a founded report committed within the five-year period immediately preceding verification pursuant to this section.

(2) In no case shall an administrator hire an applicant if the applicant's criminal history record information indicates the applicant has been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state:

Chapter 25 (relating to criminal homicide).

Section 2702 (relating to aggravated assault).

Section 2709.1 (relating to stalking).

Section 2901 (relating to kidnapping).

Section 2902 (relating to unlawful restraint).

Section 3121 (relating to rape).

Section 3122.1 (relating to statutory sexual assault).

Section 3123 (relating to involuntary deviate sexual intercourse).

Section 3124.1 (relating to sexual assault).

Section 3125 (relating to aggravated indecent assault).

Section 3126 (relating to indecent assault).

Section 3127 (relating to indecent exposure).

Section 4302 (relating to incest).

Section 4303 (relating to concealing death of child).

Section 4304 (relating to endangering welfare of children).

Section 4305 (relating to dealing in infant children).

A felony offense under section 5902(b) (relating to prostitution and related offenses).

Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).

Section 6301 (relating to corruption of minors).

Section 6312 (relating to sexual abuse of children).

The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.

(3) In no case shall an employer, administrator, supervisor or other person responsible for employment decisions hire or approve an applicant if the applicant's criminal history record information indicates the applicant has been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding verification under this section.

(c.1) Dismissal.--If the information obtained pursuant to subsection (b) reveals that the applicant is disqualified from employment or approval pursuant to subsection (c), the applicant shall be immediately dismissed from employment or approval.

An organization is not prohibited from requiring additional screening measures, or from establishing additional criteria, including conviction of other crimes, in making decisions related to adults working with children. Some additional *offenses the church may elect to treat as disqualifying for a period of years or permanently, although they are not required by law, include:

*Section 2910 (relating to luring a child into a motor vehicle or structure).

Section 3124.2 (relating to institutional sexual assault).

Section 3129 (relating to sexual intercourse with animal).

Section 6318 (relating to unlawful contact with minor).

Section 6319 (relating to solicitation of minors to traffic drugs).

Section 6320 (relating to sexual exploitation of children).

Conviction of an offense similar in nature to those crimes listed in paragraph (1) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Convicted of a misdemeanor of the first degree for a crime, other than those enumerated under subsection (a), where the victim is a child;
or

Identified in the statewide database as a perpetrator of a founded report of child abuse.

Identified in the statewide database as a perpetrator of an indicated report of child abuse.

*Temporary and permanent "bans" that may include these additional offenses (and others) are under study in PA with a Committee report due to PA General Assembly no later than 12/31/15.

APPROVED ADULT COVENANT OF CHILD PROTECTION

Willow Street Mennonite Church

I accept the responsibility to nurture the Christian faith and well-being of the children and youth of the Willow Street Mennonite Church (WSMC) and to care for them as Christ cares for me.

"I ...will tend the flock of God that is in my charge... willingly, as God would have me do it..." --I Peter 5:2

I have read, understand, and agree to abide by the Child Protection Policy of the Willow Street Mennonite Church. (The policy can be found online at willowstreetmennonite.com under Ministries/Children or in the church office.)

I further indicate my understanding and compliance with the following specific conditions set forth in that policy:

- I understand that as a volunteer working with children/youth, I will be a mandated reporter, required by state law to report to proper authorities any suspected child abuse I become aware of. I understand that I will participate in online training in how to recognize child abuse, and how to properly report it. I understand that I am legally required to make such a report when necessary, and that failure to do so may carry criminal penalties as well as risk injury to a child.
- I agree to notify the church within 72 hours if I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service with children, or if I am named as a perpetrator in a founded or indicated report of child abuse.
- I will become familiar with the location of first aid kits, fire extinguishers, and fire exits, and with the Emergency Procedures outlined in the Child Protection Policy.
- If I become aware of an injury, accident, or mishap at any property and/or facility of WSMC or at a WSMC activity at any location, I will make certain that the incident is reported immediately to the Children's Ministry Director or the church office.
- While at a property and/or facility of WSMC or at a WSMC activity at any location, I will not be alone with a child or youth (through age 17 years) other than my own.
- If I become aware of an inappropriate relationship involving children, youth, or a child or youth and an adult, any one of whom is associated with WSMC, I will report it immediately to the Children's Ministry Director or one of the pastors.
- When the activity that I am supervising has ended, I will make sure that the lights are out and the doors are locked before I leave, or I will notify other Church representatives who are still in the building that I am leaving.

Name (please print): _____

Home Phone: () _____ Daytime Phone, if different: () _____

Signature: _____

Date: _____

CURRENT VOLUNTEER STATEMENT

Applicant Name: (please print) _____

I understand that as a volunteer working with children/youth, I am required to complete the following clearances every 60 months:

- PA Criminal Record Check
- PA Child Abuse History Clearance
- FBI Fingerprint Record Check unless I have been a resident of PA continuously for the last 10 years. I testify that I am not criminally disqualified under Pennsylvania's CPSL from working with children, and I request waiver from the requirement to obtain the FBI Fingerprint Record Check.

I also understand that I will be a mandated reporter, required by state law to report to proper authorities any suspected child abuse I become aware of. I understand that I will be given training in how to recognize child abuse, and how to properly report it. I understand that I am legally required to make such a report when necessary, and that failure to do so may carry criminal penalties as well as risk injury to a child.

I testify that I am not disqualified from service as a volunteer pursuant to §6344(C) [see list on back] or have not been convicted of an offense similar in nature to those crimes listed in §6344(C) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that I am required by law to notify the church in writing within 72 hours if I am arrested or convicted of a criminal offense involving child abuse [see §6344(C) list on back], or if I am named as a perpetrator of an indicated or founded child abuse report.

I have carefully read this release and understand its content. I am signing this statement freely and voluntarily.

CHECK ONE:

- ☐ I have been a resident of PA for the last 10 years and have not been criminally disqualified from working with children. I request waiver from the requirement that I obtain an FBI Fingerprint Record Check.
- ☐ I have not been a resident of PA continuously for the last 10 years. I understand I will be required to get an FBI Fingerprint Record Check.

Applicant's Signature _____ Date _____

This form is to be used by current volunteers whose clearances do not need to be renewed before July 1, 2015 and at each renewal by all volunteers. *A prospective volunteer should complete the Approved Adult application, which includes this same language.

(More information on other side)

**THE FOLLOWING WILL PERMANENTLY DISQUALIFY AN APPLICANT FROM SERVING AS A VOLUNTEER
OR PAID STAFF MEMBER WORKING WITH CHILDREN OR YOUTH:**

TITLE 23

§ 6344

(c) Grounds for denying employment or participation in program, activity or service.--

(1) In no case shall an administrator hire or approve an applicant where the department has verified that the applicant is named in the Statewide database as the perpetrator of a founded report committed within the five-year period immediately preceding verification pursuant to this section.

(2) In no case shall an administrator hire an applicant if the applicant's criminal history record information indicates the applicant has been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state:

Chapter 25 (relating to criminal homicide).

Section 2702 (relating to aggravated assault).

Section 2709.1 (relating to stalking).

Section 2901 (relating to kidnapping).

Section 2902 (relating to unlawful restraint).

Section 3121 (relating to rape).

Section 3122.1 (relating to statutory sexual assault).

Section 3123 (relating to involuntary deviate sexual intercourse).

Section 3124.1 (relating to sexual assault).

Section 3125 (relating to aggravated indecent assault).

Section 3126 (relating to indecent assault).

Section 3127 (relating to indecent exposure).

Section 4302 (relating to incest).

Section 4303 (relating to concealing death of child).

Section 4304 (relating to endangering welfare of children).

Section 4305 (relating to dealing in infant children).

A felony offense under section 5902(b) (relating to prostitution and related offenses).

Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).

Section 6301 (relating to corruption of minors).

Section 6312 (relating to sexual abuse of children).

The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.

(3) In no case shall an employer, administrator, supervisor or other person responsible for employment decisions hire or approve an applicant if the applicant's criminal history record information indicates the applicant has been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding verification under this section.

(c.1) Dismissal.--If the information obtained pursuant to subsection (b) reveals that the applicant is disqualified from employment or approval pursuant to subsection (c), the applicant shall be immediately dismissed from employment or approval.

An organization is not prohibited from requiring additional screening measures, or from establishing additional criteria, including conviction of other crimes, in making decisions related to adults working with children. Some additional *offenses the church may elect to treat as disqualifying for a period of years or permanently, although they are not required by law, include:

*Section 2910 (relating to luring a child into a motor vehicle or structure).

Section 3124.2 (relating to institutional sexual assault).

Section 3129 (relating to sexual intercourse with animal).

Section 6318 (relating to unlawful contact with minor).

Section 6319 (relating to solicitation of minors to traffic drugs).

Section 6320 (relating to sexual exploitation of children).

Conviction of an offense similar in nature to those crimes listed in paragraph (1) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Convicted of a misdemeanor of the first degree for a crime, other than those enumerated under subsection (a), where the victim is a child; or

Identified in the statewide database as a perpetrator of a founded report of child abuse.

Identified in the statewide database as a perpetrator of an indicated report of child abuse.

*Temporary and permanent "bans" that may include these additional offenses (and others) are under study in PA with a Committee report due to PA General Assembly no later than 12/31/15.

(More information on other side)

PA PROSPECTIVE EMPLOYEE STATEMENT

Applicant Name: (please print) _____

I testify that I am not disqualified from employment working with children, pursuant to §6344(C) [see list on back] or have not been convicted of an offense similar in nature to those crimes listed in §6344(C) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that I am required by law to notify the church in writing within 72 hours if I am arrested or convicted of a criminal offense involving child abuse [§6344(C)], [see list on back], or if I am named as a perpetrator of an indicated or founded child abuse report.

I further state that I have carefully read the foregoing release and understand its content. I am signing this statement freely and voluntarily.

Applicant's Signature _____ Date _____

(More information on other side)

**THE FOLLOWING WILL PERMANENTLY DISQUALIFY AN APPLICANT FROM SERVING AS A VOLUNTEER OR
PAID STAFF MEMBER WORKING WITH CHILDREN OR YOUTH:**

TITLE 23

§ 6344

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(3) In no case shall an employer, administrator, supervisor or other person responsible for employment decisions hire or approve an applicant if the applicant's criminal history record information indicates the applicant has been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding verification under this section.

(c.1) Dismissal.—If the information obtained pursuant to subsection (b) reveals that the applicant is disqualified from employment or approval pursuant to subsection (c), the applicant shall be immediately dismissed from employment or approval.

An organization is not prohibited from requiring additional screening measures, or from establishing additional criteria, including conviction of other crimes, in making decisions related to adults working with children. Some additional *offenses the church may elect to treat as disqualifying for a period of years or permanently, although they are not required by law, include:

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Section 3124.2 (relating to institutional sexual assault).

Section 3129 (relating to sexual intercourse with animal).

Section 6318 (relating to unlawful contact with minor).

Section 6319 (relating to solicitation of minors to traffic drugs).

Section 6320 (relating to sexual exploitation of children).

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Convicted of a misdemeanor of the first degree for a crime, other than those enumerated under subsection (a), where the victim is a child;
or

Identified in the statewide database as a perpetrator of a founded report of child abuse.

Identified in the statewide database as a perpetrator of an indicated report of child abuse.

*Temporary and permanent “bans” that may include these additional offenses (and others) are under study in PA with a Committee report due to PA General Assembly no later than 12/31/15.

(More information on other side)



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
ChildLine and Abuse Registry
P.O. BOX 8170
HARRISBURG, PENNSYLVANIA 17105-8170

CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I, _____ (Applicant's Name), hereby authorize the Department of Human Services, ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to Willow Street Mennonite Church.

I understand that this information is confidential in nature pursuant to §6340 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released by the Willow Street Mennonite Church without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to me _____ (Applicant's Name) as stated in the Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy of my Pennsylvania Child Abuse History Clearance from Willow Street Mennonite Church upon written request.

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Clearance application as it otherwise relates to this consent.

Date

Applicant's Signature

Instead of my home address, please send my child abuse clearance result to:

**Willow Street Mennonite Church
399 E. Penn Grant Rd.
Willow Street, PA 17584**

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 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 CHILDLINE 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, OR (TOLL FREE) 1-877-371-5422.

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S 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

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- ☐ Child Care Services Employee
☐ Foster Care ☐ Adoption ☐ School Employee
☐ Employment with a significant likelihood of regular contact with children
☐ 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 FD-258).
☐ DPW Employment & Training Program Participant
(signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

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

1. (LAST, FIRST, MIDDLE)

2. (LAST, FIRST, MIDDLE)

3. (LAST, FIRST, MIDDLE)

4. (LAST, FIRST, MIDDLE)

5. (LAST, FIRST, MIDDLE)

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1.

2.

3.

4.

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

NAME (Last, First, Middle) 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 - CHILDLINE USE ONLY

SECTION II

RESULTS OF HISTORY CHECK

☐ APPLICANT IS **NOT** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.

☐ 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
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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

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

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

			.				.				
--	--	--	---	--	--	--	---	--	--	--	--

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

◀◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶▶

☐ **INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.**

☐ ADOPTION (DOMESTIC)
☐ ATTORNEY
☐ BANKING
☐ BAR ASSOCIATION
☐ CHURCH
☐ CHILD CARE
☐ EDUCATION
☐ ELDER CARE
☐ EMERGENCY MANAGEMENT

☐ EMPLOYMENT/SCREENING
☐ FOSTER CARE
☐ HEALTHCARE
☐ HOUSING
☐ INSURANCE LICENSE
☐ MENTAL HEALTH
☐ NURSE AID TRAINING
☐ OTHER _____

☐ PASSPORT
☐ PRIVATE INVESTIGATIONS
☐ SOCIAL SERVICES
☐ TENANT CHECK
☐ VISA
☐ VOLUNTEER AMBULANCE/FIREFIGHTER
☐ VOLUNTEER

☐ **ACCESS & REVIEW** - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

☐ 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 - NO FEE

PENNSYLVANIA RESIDENT TEMPORARY VOLUNTEER FORM

(for service of 30 days or less in a calendar year)

Willow Street Mennonite Church

Please complete this entire form.

Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Volunteer Assignment at Willow Street Mennonite Church: _____

Expected Dates of Service: _____

Home Church Name, Address, Phone: _____

Date of Birth: _____ Place of Employment: _____

As a Vacation Bible School volunteer, I covenant as follows:

- I have never been charged with or convicted of child abuse or any criminal conduct relating to children, nor have I ever been listed as the perpetrator of an indicated or founded report of child abuse on Pennsylvania's or any other state's child abuse registry
- I have never been convicted of any of the legally disqualifying offenses listed in Pennsylvania's Child Protective Services Law, 23 Pa. C.S. § 6344 (C) [see list on back]
- I have undergone the following three background checks: 1) the Pennsylvania Child Abuse History Clearance; 2) the Pennsylvania State Police Request for Criminal Record Check; and 3) the FBI Fingerprint Check (unless I am an unpaid volunteer who meets the requirements for a waiver of the FBI Fingerprint Check because I have lived in Pennsylvania for the entirety of the past ten years, and my church or another organization for which I volunteer has on file a writing in which I affirm I meet the PA residency requirement and that I have not been convicted of any crime, in another state, similar to the convictions disqualifying a person in Pennsylvania).
- My background check results are on file with _____ [name of my church or other volunteer organization with whom I serve], and my results are valid at least for the duration of the Willow Street Mennonite Church event for which I am volunteering.
- I understand what constitutes "child abuse" under Pennsylvania's Child Protective Services Law.
- I will engage in no inappropriate or abusive conduct with children while attending this event.
- I understand and will comply with my duties as a mandated reporter of suspected child abuse under Pennsylvania's Child Protective Services Law.

Volunteer Signature: _____

Name & phone # of my group leader: _____

Signature of my group leader: _____

Signature of WSMC event leader: _____

8-2016 Form #11

(More information on other side)

**THE FOLLOWING WILL PERMANENTLY DISQUALIFY AN APPLICANT FROM SERVING AS A VOLUNTEER
OR PAID STAFF MEMBER WORKING WITH CHILDREN OR YOUTH:**

TITLE 23

§ 6344

(c) Grounds for denying employment or participation in program, activity or service.--

(1) In no case shall an administrator hire or approve an applicant where the department has verified that the applicant is named in the Statewide database as the perpetrator of a founded report committed within the five-year period immediately preceding verification pursuant to this section.

(2) In no case shall an administrator hire an applicant if the applicant's criminal history record information indicates the applicant has been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state:

Chapter 25 (relating to criminal homicide).

Section 2702 (relating to aggravated assault).

Section 2709.1 (relating to stalking).

Section 2901 (relating to kidnapping).

Section 2902 (relating to unlawful restraint).

Section 3121 (relating to rape).

Section 3122.1 (relating to statutory sexual assault).

Section 3123 (relating to involuntary deviate sexual intercourse).

Section 3124.1 (relating to sexual assault).

Section 3125 (relating to aggravated indecent assault).

Section 3126 (relating to indecent assault).

Section 3127 (relating to indecent exposure).

Section 4302 (relating to incest).

Section 4303 (relating to concealing death of child).

Section 4304 (relating to endangering welfare of children).

Section 4305 (relating to dealing in infant children).

A felony offense under section 5902(b) (relating to prostitution and related offenses).

Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).

Section 6301 (relating to corruption of minors).

Section 6312 (relating to sexual abuse of children).

The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.

(3) In no case shall an employer, administrator, supervisor or other person responsible for employment decisions hire or approve an applicant if the applicant's criminal history record information indicates the applicant has been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding verification under this section.

(c.1) Dismissal.--If the information obtained pursuant to subsection (b) reveals that the applicant is disqualified from employment or approval pursuant to subsection (c), the applicant shall be immediately dismissed from employment or approval.

An organization is not prohibited from requiring additional screening measures, or from establishing additional criteria, including conviction of other crimes, in making decisions related to adults working with children. Some additional *offenses the church may elect to treat as disqualifying for a period of years or permanently, although they are not required by law, include:

*Section 2910 (relating to luring a child into a motor vehicle or structure).

Section 3124.2 (relating to institutional sexual assault).

Section 3129 (relating to sexual intercourse with animal).

Section 6318 (relating to unlawful contact with minor).

Section 6319 (relating to solicitation of minors to traffic drugs).

Section 6320 (relating to sexual exploitation of children).

Conviction of an offense similar in nature to those crimes listed in paragraph (1) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Convicted of a misdemeanor of the first degree for a crime, other than those enumerated under subsection (a), where the victim is a child; or

Identified in the statewide database as a perpetrator of a founded report of child abuse.

Identified in the statewide database as a perpetrator of an indicated report of child abuse.

*Temporary and permanent "bans" that may include these additional offenses (and others) are under study in PA with a Committee report due to PA General Assembly no later than 12/31/15

(More information on other side)

NON-PENNSYLVANIA RESIDENT **TEMPORARY VOLUNTEER FORM**

(for service of 30 days or less in a calendar year)

Willow Street Mennonite Church

Please complete this entire form.

Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Volunteer Assignment at Willow Street Mennonite Church: _____

Expected Dates of Service: _____

Home Church Name, Address, Phone: _____

Date of Birth: _____ Place of Employment: _____

PA law requires all adults volunteering to work with children to have Criminal Record and Child Abuse Clearances. Because you will be working with children here for less than 30 days, you are not required to get new clearances to serve here **if you meet the clearance requirements where you live.**

Currently I meet the clearance requirements and am approved for working with children at: _____

I testify that I am not disqualified from service as a volunteer pursuant to §6344(C) [see list on back] or have not been convicted of an offense similar in nature to those crimes listed in §6344(C) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Temporary Volunteer Signature: _____

Name & phone # of my group leader: _____

Signature of my group leader: _____

Signature of WSMC event leader: _____

**THE FOLLOWING WILL PERMANENTLY DISQUALIFY AN APPLICANT FROM SERVING AS A VOLUNTEER
OR PAID STAFF MEMBER WORKING WITH CHILDREN OR YOUTH:**

TITLE 23

§ 6344

(c) Grounds for denying employment or participation in program, activity or service.--

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Section 2901 (relating to kidnapping).

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Section 3121 (relating to rape).

Section 3122.1 (relating to statutory sexual assault).

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Section 3127 (relating to indecent exposure).

Section 4302 (relating to incest).

Section 4303 (relating to concealing death of child).

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Section 4305 (relating to dealing in infant children).

A felony offense under section 5902(b) (relating to prostitution and related offenses).

Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).

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Section 3124.2 (relating to institutional sexual assault).

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Section 6319 (relating to solicitation of minors to traffic drugs).

Section 6320 (relating to sexual exploitation of children).

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Convicted of a misdemeanor of the first degree for a crime, other than those enumerated under subsection (a), where the victim is a child; or

Identified in the statewide database as a perpetrator of a founded report of child abuse.

Identified in the statewide database as a perpetrator of an indicated report of child abuse.

*Temporary and permanent "bans" that may include these additional offenses (and others) are under study in PA with a Committee report due to PA General Assembly no later than 12/31/15

(More information on other side)

Willow Street Mennonite Church – Children & Youth Ministries
EMERGENCY MEDICAL AUTHORIZATION & ACTIVITY PERMISSION FORM

For the School Year of September _____ through August _____

Student's Name _____ Male ____ Female ____ Date of Birth ____/____/____

Address _____ Grade ____ School District _____

City _____ State ____ Zip _____ Phone _____

Name of Legal Guardian: _____ Email _____

Name(s) of person with whom the student resides: _____

Permission to contact non-custodial parent? Yes ____ No ____ N/A ____

If yes, name and phone of that parent _____ Phone _____

Known allergies: _____ Health Concerns (asthma, diabetes, etc.) _____

Any known food allergies: _____ Current medications: _____

Name of Insurance Company _____ Policy # _____

An authorization of the provision of emergency treatment for students who become ill or injured while involved in a Youth Ministry function. PLEASE LIST ONLY THE NAMES OF THOSE WHO HAVE AUTHORITY TO MAKE DECISIONS IN AN EMERGENCY SITUATION INVOLVING THIS STUDENT. Then, indicate on the line to the left the order in which you desire contact attempts to be made based on availability (i.e. 1st, 2nd).

____ Mother's Name _____ Home # _____ Cell # _____

Employment _____ Work # _____

____ Father's Name _____ Home # _____ Cell # _____

Employment _____ Work # _____

____ Other _____ Home # _____ Cell # _____

Relationship to Student _____ Work # _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of treatment deemed necessary by the preferred doctor indicated, or, in the event the designated, preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the student to any reasonable accessible hospital. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

PART 1 OR PART 2 MUST BE COMPLETED

PART 1: I hereby consent for the following medical care providers to be called:

Preferred Physician _____ Phone _____

Preferred Dentist _____ Phone _____

Preferred Hospital _____

Parent / Guardian Signature _____ Date Signed _____

PART 2: I do NOT give my consent for emergency medical treatment of my child.

In the event of illness or injury I wish Willow Street Mennonite Church to take the following action:

Parent / Guardian Signature _____ Date Signed _____

Please Complete Information On Both Sides

PHOTO PERMISSION:

I allow photos of my child to be used on the church website, bulletin boards, or similar displays. _____ Yes _____ No

PERMISSION FOR DAY/EVENING ACTIVITIES:

I hereby give my permission and consent for _____ (child's name) to accompany the Willow Street Mennonite Church youth/children on activities this year that take place locally but away from the church grounds. These events may include, but are not limited to: barn party, street ministry, bonfire nights, service projects, swimming parties, fishing, visitation of elderly, etc. At least two authorized/approved adults will supervise these activities.

As the parent or legal guardian, I understand that I remain responsible for any legal responsibility which may result from actions taken by my child.

Parent/Guardian Signature

Print Parent/Guardian Name

Date

If for any reason you are hesitant to sign or have further questions about this, please contact the youth pastor, Eric Herr, at (717) 413-3718. A separate permission form will be given when overnight activities are planned.

WILLOW STREET MENNONITE CHURCH

Parent/Guardian Permission Form For Overnight Activities

Name of Event:

Date of Event:

Designated Approved Adult Supervisors:

1. _____ cell # _____
2. _____ cell # _____

I hereby give my permission and consent for my child/children: (names)
_____ to participate in the specified overnight activity.
I understand that my child/children will be under the supervision of at least two
authorized/approved adults during this activity. As the parent or legal guardian, I
understand that I remain responsible for any legal responsibility which may result
from actions taken by the named child/children.

Parent/Guardian Signature

Print Parent/Guardian Name

Date

Mentoring Log

Mentee: _____

Mentor: _____

Date	Times (ex. 4pm-7pm)	Place of Meeting (home, church, etc.)	Purpose of Meeting (bible study, prayer, activity, etc.)

Parent or legal guardian: _____ (please initial to approve at completion of 1 year)

Youth Mentoring Program

Willow Street Mennonite Church

1. Youth mentors must be same-gender, approved adults, chosen by the youth and approved by the youth pastor. Mentors are to help facilitate the spiritual growth and maturity of the mentee, complimenting the role of their parents.
2. The mentor and mentee will each keep a log of the times and places they meet. The child's parent or legal guardian will initial the log the child keeps. The logs will include designation of the date/times/place of each meeting. All logs are subject to review by the youth pastor.
3. All mentoring with children or youth should occur in a public place; never in a car or in a vacated building.
4. In the event of one-on-one meetings, be aware of time. This is to avoid any appearance of impropriety and to discourage mentor pairs from meeting late into the evening.
5. In the event that it becomes evident the child/youth is in need of formal or professional counseling (i.e. drug or alcohol addiction, sexual assault, sustained depression, eating disorders, suicidal tendencies, etc.), the youth pastor should be notified by the mentor.

Willow Street Mennonite Church
Nursery Registration

Child's Name: _____ Date of Birth: _____

Parents Names: _____

Address: _____

Contact phone # during service: _____

Alternate contact phone # _____

Allergies and any other medical information: _____

Feeding information:(can your child have a snack, cheerios, bottle, etc.?) _____

List below any person(s) beside parent who is authorized to pick up child in the event a parent is not available: _____

Other information about child: _____

Parent Signature: _____

Date: _____

Nursery Guidelines for Parents

The nursery of Willow Street Mennonite Church is designed to provide a place of safety and caring for our youngest church participants, while allowing their parents to participate in worship or activities. As such, the following policy is designed to protect the children, parents and volunteers who participate:

- Sign your child in for nursery care, using the sign in sheet provided.
- Complete a registration/emergency form if you haven't completed one before.
- Label all bottles, drinks, blankets, toys and other personal belongings
- Pacifiers should be attached to the child.
- Only dry food snacks are allowed in the nursery (snacks containing nuts are not allowed).
- If a child needs to use the bathroom, an approved adult volunteer will accompany him/her unless the parent indicates that they are to be contacted to handle this situation.
- If a child is repeatedly displaying inappropriate behavior and redirecting has not worked, parents/guardian will be asked to come to the nursery.
- At least one parent/guardian shall remain in the church while the child is in the nursery.
- Children must be picked up immediately following service or church activities and checked out in the log by a parent or a person designated on the registration/emergency contact form.
- Should an incident occur that results in physical injury, parent(s)/guardians will be notified immediately via the cell phone left on the sign in sheet.
- A complete version of the Nursery Protection Guidelines for Safe Church Policies and Procedures Manual is available on the bulletin board in the nursery.

Children's Sunday School Information Sheet

In order to help our teachers better care for your children while they are in Sunday School class and to prepare for fall quarter placement, please fill out the following form *for children up through middle school*. Then return the form ASAP to my mailbox.

Thank you,
Nicole Herr
Children's SS Director

Please use a pencil so information can be updated each year...

Parent/Guardian name(s): _____

Sunday School class you participate in (location/room #): _____

Cell phone number (in case of emergency): _____

E-mail address : _____

*Children up through 2nd grade are to be picked up by parents/guardians. If that is not possible, the following people are permitted to pick up my children:

*Grade 3 and up may leave to connect with parents/guardians at the close of Sunday School. If you would prefer to pick them up instead, please check this box: ☐

Name of child: _____

Age and Birthday: _____

Grade entering this fall (if applicable): _____

Allergies: _____

Anything special we need to know about your child (shy, sensitive, special need, etc.): _____

Name of child: _____

Age and Birthday: _____

Grade entering this fall (if applicable): _____

Allergies: _____

Anything special we need to know about your child (shy, sensitive, special need, etc.): _____

Name of child: _____

Age and Birthday: _____

Grade entering this fall (if applicable): _____

Allergies: _____

Anything special we need to know about your child (shy, sensitive, special need, etc.): _____

8-2016 Form #19

SUSPECTED CHILD ABUSE INCIDENT REPORT

For internal church use at Willow Street Mennonite Church

Date of Report to ChildLine: _____ ☐ Oral report or ☐ Electronic report

If electronic report was made, did the reporter receive confirmation of its receipt? ☐ Yes ☐ No

If oral report was made, date CY-47 was submitted: _____

Date of Incident: _____ Person Making Report: _____

Reporter is an ... ☐ Approved Adult ☐ Employee ☐ Other _____

Name of Alleged Child Victim: _____ Age: _____ Sex ☐ M ☐ F

Parent/Guardian of Child: _____

Address: _____ ☐ Address is Unknown

Describe the circumstances under which you became aware of possible abuse. State the names of any persons who witnessed, disclosed, or reported suspected abuse to you.

Describe any injuries you observed: _____

Does child appear to need immediate medical attention? ☐ Yes ☐ No ☐ Unknown

Does child appear to be fearful, suicidal or withdrawn? ☐ Yes ☐ No ☐ Unknown

Approximate date of last known incident of abuse: _____ ☐ Unknown

Describe any physical, mental or behavioral factors that may place the child at risk:

Did the abuse take place at the church or during a church-related activity?

☐ Yes ☐ No ☐ Unknown If yes, indicate activity: _____

Name of Alleged Perpetrator: _____ ☐ Unknown

Relationship to Child: _____ ☐ Unknown

Address: _____ ☐ Unknown

Describe the extent of alleged perpetrator(s) access to child: _____

_____ ☐ Unknown

Does this person have a history of violence, mental illness, or substance abuse?

☐ Yes ☐ No ☐ Unknown If yes, please explain: _____

Reported to Lead Pastor date/time: _____

Signature of person making this report: _____

If you are a mandated reporter, and you suspect (or observe) that a child has been abused, you must report it immediately to ChildLine, and then notify the Lead Pastor. If a child is injured or in imminent danger, call 911.

THIS SIDE TO BE FILLED OUT BY CHURCH STAFF

Signature of person receiving this report: _____

Date: _____

Comments: _____

FOLLOW-UP

Document any action taken by church during course of Child Protective Services or Police investigation:

Results of Dept. of Human Services investigation provided on (date): _____

Signature of person receiving Dept. of Human Services investigation results from mandated reporter:

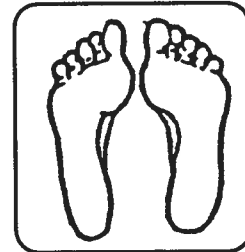
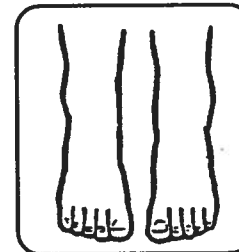
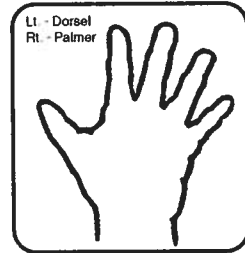
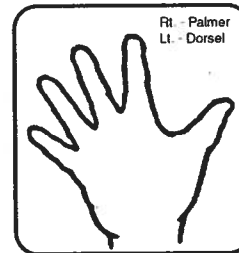
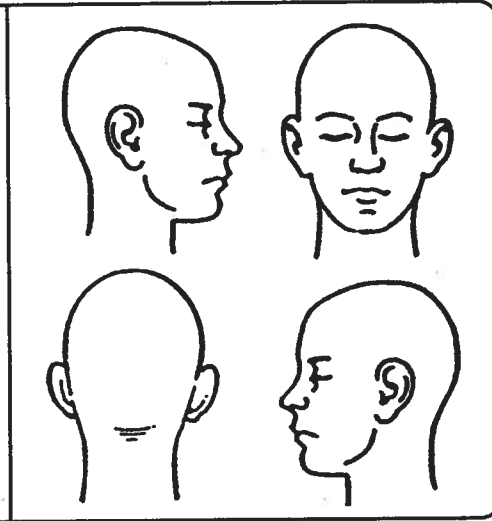
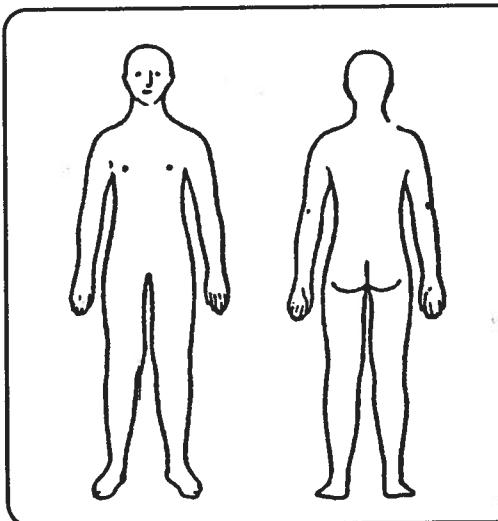
Attach mandated reporter's information from Dept. of Human Services concerning the determination of whether the child abuse report was unfounded, indicated, or founded, and the services, if any, to be provided for the child.

REPORT OF SUSPECTED CHILD ABUSE

(CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)

PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE. PLEASE PRINT OR TYPE

1. NAME OF CHILD (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (Street, City, State & Zip Code)			COUNTY	
1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE			COUNTY	
2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS (Street, City, State & Zip Code)			COUNTY	
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS (Street, City, State & Zip Code)			COUNTY	
4. OTHER PERSON RESPONSIBLE FOR CHILD		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (Street, City, State & Zip Code)		COUNTY	TELEPHONE NO.	
5. ALLEGED PERPETRATOR (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (Street, City, State & Zip Code)		COUNTY	TELEPHONE NO.	
6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)	RELATIONSHIP TO CHILD	NAME (Last, First, Initial)		RELATIONSHIP TO CHILD
A.		D.		
B.		E.		
C.		F.		
DESCRIBE INJURIES/CONDITION AND WHY YOU SUSPECT ABUSE/NEGLECT. INCLUDE EVIDENCE OF PRIOR ABUSE TO THIS CHILD, SIBLING OR PERPETRATOR. (PLEASE REFER TO OPPOSITE SIDE FOR ADDITIONAL INFORMATION). PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.		COUNTY WHERE ABUSE OCCURRED		DATE OF INCIDENT



7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY REPORTER, COUNTY AGENCY, LAW ENFORCEMENT, SCHOOL OFFICIAL, OR OTHERS.			
<input type="checkbox"/> NOTIFICATION OF CORONER	<input type="checkbox"/> X-RAYS	<input type="checkbox"/> PHOTO-GRAPHS	<input type="checkbox"/> HOSPITAL-IZATION
<input type="checkbox"/> POLICE NOTIFIED	<input type="checkbox"/> MEDICAL EXAMINATION	<input checked="" type="checkbox"/> EMERGENCY CUSTODY TAKEN	<input type="checkbox"/> OTHER (Specify) _____
8. RISK FACTORS, CHILD:			
A. DESCRIBE ANY PHYSICAL, MENTAL OR BEHAVIORAL FACTORS THAT MAY PLACE THE CHILD AT RISK:			<input type="checkbox"/> UNKNOWN
B. DOES THE CHILD APPEAR TO NEED IMMEDIATE MEDICAL ATTENTION?			IF YES, PLEASE EXPLAIN:
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES			
C. LEVEL OF PAIN CHILD EXHIBITS		PLEASE DESCRIBE:	
<input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE			
D. DOES THE CHILD APPEAR TO BE FEARFUL, SUICIDAL OR WITHDRAWN? IF YES, PLEASE EXPLAIN:			
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES			
9. RISK FACTORS, FAMILY:			
A. DESCRIBE ANY CARETAKER/PERPETRATOR CHARACTERISTICS THAT PLACE THE CHILD AT RISK:			<input type="checkbox"/> UNKNOWN
B. DESCRIBE THE EXTENT OF PERPETRATOR(S) ACCESS TO CHILD:			<input type="checkbox"/> UNKNOWN
C. IS THERE ANY SUBSTANCE ABUSE IN THE HOUSEHOLD?		IF YES, PLEASE EXPLAIN:	
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES			
D. DOES THE CARETAKER/PERPETRATOR HAVE A HISTORY OF VIOLENCE OR SEVERE EMOTIONAL PROBLEMS? IF YES, PLEASE EXPLAIN:			<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES
E. WHAT IS THE ENVIRONMENTAL (HEALTH AND SAFETY) CONDITION OF THE HOME?			<input type="checkbox"/> UNKNOWN
F. WILL CHILD BE AT RISK DUE TO COUNTY AGENCY INVOLVEMENT?			IF YES, PLEASE EXPLAIN:
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES			
G. ARE THERE WEAPONS IN THE HOME?		IF YES, PLEASE EXPLAIN:	
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES			

INSTRUCTIONS TO MANDATED PERSONS: Any persons who, in the course of their employment, occupation, or practice of their profession come into contact with children shall report or cause a report to be made to Childline (800-932-0313) when they have reasonable cause to suspect, on the basis of their medical, professional or other training and experience, that a child coming before them in their professional or official capacity is a victim of child abuse. Within 48 hours after making the oral report, send one copy of this report to the county children and youth agency.

NOTE: If the child has been taken into custody, you must also immediately contact the county children and youth agency where the abuse occurred. Except for confidential communications made to an ordained member of the clergy, the privileged communication between any professional person required to report and the patient or client of that person shall not apply to situations involving child abuse and shall not constitute grounds for failure to report suspected abuse.

REPORTING SOURCE			
SIGNATURE		TITLE OR RELATIONSHIP TO CHILD	FACILITY OR ORGANIZATION
ADDRESS		TELEPHONE NUMBER	DATE OF REPORT

Sample Contract for Sexual Offenders Attending Willow Street Mennonite Church

I, _____, agree to comply with the following guidelines implemented by the Willow Street Mennonite Church. I understand that these guidelines are to protect me from unmerited accusations as well as protect all other attendees. By signing this covenant, I agree to abide by the regulations and restrictions of the congregation's Child Protection Policy, including the "Regulations and Requirements for Sexual Offenders" listed in the policy, as well as any additional restrictions specified below.

My Supervisor is: _____.

1. Contact with Children

_____ No limitations

_____ Yes, limited to _____

_____ I will have no contact with children, either verbally, emotionally, physically while in church. (This includes no waving, no facial expressions, no verbal exchanges of any kind, and no touching.)

2. Proximity to Supervisor

_____ No limitations

_____ I agree to be within _____ feet of my supervisor at all times.

3. Service/Activity Attendance

_____ No limitations

_____ Yes, limited to _____

_____ I agree that I will only attend the following services/functions at the church when accompanied by my supervisor.

➤ _____ 9am Sunday School in room _____.

I will meet my supervisor at the carport entrance at _____ am.

➤ _____ 10:15am Worship Service. I will meet my supervisor at the carport entrance at _____ am.

➤ _____ Other Activity: _____. I will meet my supervisor at the carport entrance at _____ am/pm.

➤ _____ If there is a fellowship meal, I will sit with my supervisor at an adult-only table.

Exceptions, if any, would be _____

I understand that a request may be made to the pastoral team for permission to attend special services/church events at least two weeks prior to the event. If permission is granted, it will still be contingent upon the availability and willingness of my supervisor to attend with me.

4. Bathroom Supervision

_____ No supervision needed

_____ Limited supervision is required as follows: _____

_____ My supervisor will need to accompany me.

5. Departing from Church Property

_____ No limitations

_____ Limitations as defined: _____

_____ I agree that at the end of the service/function, my supervisor will escort me from the building to my car at which time I will immediately leave the church premises.

If I fail to comply with the above, I will jeopardize my permission to attend. I will need to meet with the pastoral team and then comply with their recommendations.

Signed: _____ Date: _____

