

APPENDIX OF FORMS

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17. Nursery Guidelines for Parents
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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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- Section 2901 (relating to kidnapping).
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- 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).
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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.

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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)



CHILDLINE AND ABUSE REGISTRY
P.O. BOX 8170
HARRISBURG, PENNSYLVANIA 17105-8170

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

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

I understand that this information is confidential in nature pursuant to §6339 (relating to information in confidential reports)

of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and is not otherwise to be released by

(_____) without my expressed authorization or pursuant to Section 3490.126 of
Willow Street Mennonite Church
Name of Requesting Agency

Title 55 of the Pennsylvania Code which states this information is confidential and the requesting agency can be held

criminally liable for a breach of confidentiality related to release of this information. **I also understand that the**

aforementioned information will not be released directly to me (_____) as stated
Applicant's Name

on the Pennsylvania Child Abuse History Certification application. I understand that I will not receive a copy

of my Pennsylvania Child Abuse History Certification directly from ChildLine; however, I may request a copy of

my Pennsylvania Child Abuse History Certification from (_____) upon written request.
Willow Street Mennonite Church
Name of Requesting Agency

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 Certification application

as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database for child abuse

that my consent allows the result stating such information to be shared with the agency/organization noted on next page.

Please send my certification result(s) to:

Agency Name: Willow Street Mennonite Church

Agency Street Address: 399 E Penn Grant Rd

Agency City, State, Zip Code: Willow Street, PA 17584

Date

Applicant's Signature

As the agency/organization representative, I understand that, except for the subject of a report, persons who receive this information are subject to the confidentiality provisions of the CPSL and 55 Pa. Code, Chapter 3490 and are required to ensure the confidentiality and security of the information and are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information. I agree to receive and maintain this information in accordance with these requirements.

Date

Agency's Representative Signature

NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION FORM/APPLICATION (CY 113) IS NOT COMPLETED ACCURATELY OR IF IT IS INCOMPLETE, THE CY 113 WILL BE RETURNED TO THE APPLICANT AND NOT BACK TO A THIRD PARTY.

Revised 12-29-15

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|---|--|
| <input type="checkbox"/> Foster parent <input type="checkbox"/> Prospective adoptive parent <input type="checkbox"/> Employee of child care services <input type="checkbox"/> School employee governed by the Public School Code <input type="checkbox"/> School employee not governed by the Public School Code <input type="checkbox"/> Self-employed provider of child-care services in a family child-care home <input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service <input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program <input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE: <input type="checkbox"/> Big Brother/Big Sister and/or affiliate <input type="checkbox"/> Domestic violence shelter and/or affiliate <input type="checkbox"/> Rape crisis center and/or affiliate <input type="checkbox"/> Other: _____ <input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) <div style="display: flex; justify-content: space-between;"> <div>_____ SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div>_____ OIM/CAO PHONE NUMBER</div> </div> |
|---|--|

AGENCY/ORGANIZATION NAME:
Willow Street Mennonite Church

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

☒ Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

| | | | |
|------------------------|--|----------------------------|--------|
| FIRST NAME | MIDDLE NAME | LAST NAME | SUFFIX |
| SOCIAL SECURITY NUMBER | GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported | DATE OF BIRTH (MM/DD/YYYY) | AGE |

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

| HOME ADDRESS | MAILING ADDRESS (if different from home address) | OTHER ADDRESS (if Consent/Release of Information Authorization form is attached) |
|--|---|--|
| ADDRESS LINE 1 | ADDRESS LINE 1 | ADDRESS LINE 1 399 E Penn Grant Rd |
| ADDRESS LINE 2 | ADDRESS LINE 2 | ADDRESS LINE 2 |
| CITY | CITY | CITY Willow Street |
| COUNTY | COUNTY | COUNTY Lancaster |
| STATE/REGION/PROVINCE | STATE/REGION/PROVINCE | STATE/REGION/PROVINCE PA |
| ZIP/POSTAL CODE | ZIP/POSTAL CODE | ZIP/POSTAL CODE 17584 |
| COUNTRY | COUNTRY | COUNTRY USA |
| <input type="checkbox"/> Different mailing address | ATTENTION | ATTENTION Karen Godfrey |

CONTACT INFORMATION

| | | |
|---|-----------------------|-------------------------|
| HOME TELEPHONE NUMBER | WORK TELEPHONE NUMBER | MOBILE TELEPHONE NUMBER |
| EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.) | | |

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

| PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.) | | | |
|---|--------|------|--------|
| First | Middle | Last | Suffix |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

| PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.) |
|---|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |
| 9. |
| 10. |

| HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.) | | | |
|---|---|-------------|--------|
| Name (First, Middle, Last) | Relationship | Present Age | Gender |
| 1. | <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you | | |
| 2. | <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

I affirm 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). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE
DATE

| CHILDLINE USE ONLY | | |
|----------------------------|---|--------------------|
| DATE RECEIVED BY CHILDLINE | SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____ | CERTIFICATION ID # |

INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
 - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
 - (2) An area vocational-technical school.
 - (3) A joint school.
 - (4) An intermediate unit.
 - (5) A charter school or regional charter school.
 - (6) A cyber charter school.
 - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
 - (8) A private school accredited by an accrediting association approved by the state Board of Education.
 - (9) A non-public school.
 - (10) An institution of higher education.
 - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
 - (12) The Hiram G. Andrews Center.
 - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
 - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a **program, activity, or service, as a person responsible for the child's welfare or having direct contact with children:** Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
 - A youth camp or program;
 - A recreational camp or program;
 - A sports or athletic program;
 - A community or social outreach program;
 - An enrichment or educational program; and
 - A troop, club, or similar organization
 - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
 - Check the box for **individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
 - Check the box for **individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.

- Check the box for **individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the **volunteer having direct volunteer contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.
- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a **"PAYMENT AUTHORIZATION CODE"** by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

Applicant Demographic Information:

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary; **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

Address:

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note:** If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

Contact Information:

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

Previous Names Used Since 1975:

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

Previous Addresses Since 1975:

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

Household Members:

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

Signature:

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

CHILDLINE USE ONLY:

- Please DO NOT WRITE in this section. This is for CHILDLINE staff only.

Additional Information:

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.

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

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