





2. \_\_\_\_\_  
Name of organization

Employed from when to when? \_\_\_\_\_ (include month and year)

\_\_\_\_\_  
Address Telephone

\_\_\_\_\_  
State job title and describe your work

\_\_\_\_\_  
Name and title of immediate supervisor

Military history

Date of entry \_\_\_\_\_ Date of discharge \_\_\_\_\_

Branch of service \_\_\_\_\_ Type of discharge \_\_\_\_\_

Final rank \_\_\_\_\_

Did you attend service school or receive special training? \_\_\_\_\_

**Education Note:** Formal education is not required to be a volunteer. We welcome experience of all kinds!

	Name and location	Course of study	Start and end dates	Did you graduate?	Degree or diploma
High School					
Trade or Business					
College					
Other					

**Other skills** (caring for children, languages, etc.)

\_\_\_\_\_

**Background**

Please list here any other names you may have used in the past:

Driver's license number \_\_\_\_\_ Driver's license classification \_\_\_\_\_

Have you ever been convicted of a criminal offense? If so, what was it?

\_\_\_\_\_

**References**

Please list three people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference.

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_

How long have you known this reference?

\_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

Please list the names of relatives, friends, or acquaintances employed by the YMCA and their relationship to you.

\_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_ (if you're under 18)



## Statement of Volunteer Applicant

*Adapted with permission from the Child Abuse Prevention Training module, YMCA of the USA.*

In the Carlisle Family YMCA's efforts to attract the highest quality volunteer staff, I have been advised that, as a part of the application process for volunteer service with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character, and health, and I fully consent to and authorize all such inquiries.

If the Carlisle Family YMCA accepts my volunteer service, I will comply with all policies set forth in the staff / volunteer handbook and with other policies established from time to time by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I be considered for volunteer service. I understand that my continued involvement as a volunteer is contingent upon a clean criminal history background check. I understand that for some volunteer assignments, health screenings are required by law, and for such assignments my involvement as a volunteer will be contingent upon passing the health screenings or otherwise meeting licensing standards.

I understand that it is this YMCA's policy to secure conviction-only criminal history information as a part of the screening process for volunteers. I have provided the following information for the sole purpose of the YMCA's obtaining a conviction-only criminal history file search. I understand that the Carlisle Family YMCA does not condone child abusers and that the Carlisle Family YMCA will be seeking information in my background related to child abuse.

Name (last, first, middle): \_\_\_\_\_

Names previously used/name before marriage: \_\_\_\_\_

Birthday: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service or, after my service begins, may be cause for termination.

I understand that the YMCA will take seriously any allegations or suspicions of child abuse and will report such allegations to the police and state agencies for investigation.

I also understand that the YMCA strongly discourages any fraternization outside of YMCA programs between volunteer staff members and youth participants. I understand that if a volunteer wishes to fraternize due to a family relationship or longstanding friendship with a participant or the participant's family, such fraternization should be disclosed to the volunteer's immediate supervisor. Furthermore, it should not take place without the presence of another adult.

I understand that written approval of such fraternization must be obtained from the supervisor or another YMCA representative. All other personal contact between volunteer staff members and youth participants is prohibited.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of applicant

Date

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Signature of parent or guardian if applicant is under 18

Date

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DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

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

# 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

### 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)

Your Info Here

NAME

STREET

CITY, STATE  
ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NO.

SEX

M  F

COUNTY YOU LIVE IN

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

1. (FIRST, MIDDLE, LAST)

2. (FIRST, MIDDLE, LAST)

3. (FIRST, MIDDLE, LAST)

### PURPOSE OF CLEARANCE (Check ONE block ONLY)

CHILD CARE

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).

CWEP (Community Work Experience Program Participant)

FOSTER CARE

ADOPTION

SCHOOL

\_\_\_\_\_  
SIGNATURE OF CAO REP

\_\_\_\_\_  
CAO PHONE NO.

### PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1.

2.

3.

4.

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

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

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

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

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

### DO NOT WRITE IN THIS SECTION - 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



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

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.  
*Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.*

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

<b>NAME/ REQUESTER</b>	Carlisle Family YMCA
<b>ADDRESS</b>	311 South West Street
<b>CITY/STATE/ ZIP CODE</b>	Carlisle, Pa 17013

<b>FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER</b>
<b>AFTER COMPLETION MAIL TO:</b> PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758  Local Number 717-425-5546 1-888-QUERYPA (1-888-783-7972)
<b>DO NOT SEND CASH OR PERSONAL CHECK</b>
<b>CHECK ONE BLOCK</b>
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

7	1	7	-	2	4	3	-	2	5	2	5	
<b>NAME/SUBJECT OF RECORD CHECK (FIRST)</b>						<b>(MIDDLE)</b>			<b>(LAST)</b>			
<b>MAIDEN NAME AND/OR ALIASES</b>						<b>SOCIAL SECURITY NUMBER</b>			<b>DATE OF BIRTH (MM/DD/YYYY)</b>		<b>SEX</b>	<b>RACE</b>

**The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only**

**REASON FOR REQUEST: All requests \$10.00**  
**\*\*\*MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA\*\*\***  
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC)  | <input type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT                        |
| <input type="checkbox"/> ATTORNEY             | <input type="checkbox"/> FOSTER CARE          | <input type="checkbox"/> PRIVATE INVESTIGATIONS          |
| <input type="checkbox"/> BANKING              | <input type="checkbox"/> HEALTHCARE           | <input type="checkbox"/> SOCIAL SERVICES                 |
| <input type="checkbox"/> BAR ASSOCIATION      | <input type="checkbox"/> HOUSING              | <input type="checkbox"/> TENANT CHECK                    |
| <input type="checkbox"/> CHURCH               | <input type="checkbox"/> INSURANCE LICENSE    | <input type="checkbox"/> VISA                            |
| <input type="checkbox"/> CHILD CARE           | <input type="checkbox"/> MENTAL HEALTH        | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION            | <input type="checkbox"/> NURSE AID TRAINING   | <input type="checkbox"/> VOLUNTEER                       |
| <input type="checkbox"/> ELDER CARE           | <input type="checkbox"/> OTHER _____          |  |
| <input type="checkbox"/> EMERGENCY MANAGEMENT |   |  |

**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.**

