

Application To Become An Approved Adult

This application is a mandatory part of a process to assist the congregation in providing a safe, nurturing Christian environment for our children. Persons responsible for the supervision and care of our children are in a special position of trust and confidence. Therefore, all adults (18 years of age or older) seeking to work with the children of St. James Lutheran Church, Gettysburg, PA, the “Congregation,” must complete this application.

PERSONAL INFORMATION

Please attach photographic identification, e.g. copy of driver’s license

Name _____ Date of Application _____

Driver’s License Number & State _____

Current Residence and Mailing Address _____

Phone (home) _____ Phone (work) _____

Cell Phone _____

E-mail Address _____

Permanent addresses you have maintained during the last 10 years, beginning with the most recent.

Are you 18 years of age or older? Yes No

Before you answer questions 1 through 7 on this application, please read the section “Definitions” at the end of this application on which appear definitions of child abuse and child sexual abuse or exploitation. In the questions below, the words “abuse,” “abusing a child” or “child abuse” are intended to include the conduct described in the definitions of child abuse and child sexual abuse or exploitation.

- 1) Is there any reason why you should not work with children? Yes No
- 2) Have you ever abused a child (a person less than 18 years of age?) Yes No
- 3) Have you ever been accused of abusing a child? Yes No
- 4) Have you ever been involved in a child abuse investigation as a witness, alleged victim, or alleged abuser? Yes No
- 5) Were you ever abused as a child? Yes No
- 6) Was the abuse reported? Yes No
- 7) Have you ever been arrested for or convicted of or plead guilty to a criminal offense against a person? Yes No

If you answered “yes” of any of the questions above, please explain as an attachment to your application.

CHURCH OR CHILD-RELATED WORK

- 8) Name and address of church (if any) of which you are now a member, if other than the congregation.

- 9) Names and addresses of all churches you have attended on a regular basis at any time during the last five years.

- 10) Describe any church work you may have done with children at any time during the last five years. Include the church’s name, address, dates of participation, and the names of persons that would know about your work.

- 11) Describe any non-church related work you may have done with children at any time during the last five years. Include the organization’s name, address, dates of participation, and the names of persons that would know about your work.

12) List your talents, training, education, etc., that might help enrich the lives of our children. Describe the type of work you prefer.

PERSONAL REFERENCES

Provide the name, address, and phone number of two persons, not relatives, who have known you for at least five years.

- 1)
- 2)

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

Applicant's Signature _____ Date _____

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. 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 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 _____

APPLICANT’S ACKNOWLEDGEMENT OF NEED TO PROVIDE THE CONGREGATION WRITTEN NOTICE WITHIN 72 HOURS OF NEW ARREST, CONVICTION OR SUBSTANTIATED CHILD ABUSE

I understand that 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, or am named as a perpetrator in a founded or indicated report, I am required by CPSL to provide the congregation with written notice not later than 72 hours after the arrest, conviction or notification that the person has been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I have been arrested or convicted for an offense that would constitute grounds for denying employment or participation in a program, activity or service, or reasonable belief that I have been named as a perpetrator in a founded or indicated report, or if I have provided notice as required under this section, then person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current information as required under subsection 6344(b). The cost of the information set forth in subsection 6344(b) shall be borne by the employing entity or program, activity or service.

I understand that willful failure to disclose required information is a criminal misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment or volunteer position.

Applicant’s Signature _____ Date _____

Child Protection Covenant & Volunteer Policy

I accept the responsibility to nurture the Christian faith and well-being of the children and youth of St. James Lutheran Church, and to care for them as Christ cares for me.

Volunteers are the key to the success of youth activities! All volunteers of youth for St. James sponsored trips shall be approved by the Youth Minister or his/her designee.

All volunteers are representatives of the congregation of St. James and accountable to the Youth Minister or his/her designee.

In the case of overnight or overseas trips, volunteers are responsible for the reasonable supervision of students on the trip from the time of departure from the church until the time of return. We expect volunteers to:

- Relate positively to all youth and readily adapt to various situations.
- Make every effort to interact with all youth.
- Accompany youth when leaving the premise of the event, and on all excursions and sightseeing adventures.
- Know the location and activity of students at all times. Must consult with Youth Minister or designee, before leaving the group for any reason.
- Perform room check each evening.
- Ensure that all health and other sensitive information be kept confidential.
- Question student packages following any shopping trip when necessary.
- Enforce all policies, rules, and regulations for Youth.
- Refrain from alcoholic beverages, drugs, and tobacco products.
- Refrain from all types of activities which do not reflect the faith and mission of St. James.
- Refrain from inappropriate language and displays of affection.

Failure to abide by policies will result in immediate disciplinary action. We expect to show genuine respect for each other in word, thought, and deed. If any of the guidelines are broken, then those individuals will not be able to serve as volunteers again.

I have read and understand these guidelines and covenant and will abide by the Child Protection Policy of St. James Lutheran Church.

Applicant Name

Signature

Date

Signature of Witness

Date

Driver Information

*If you wish to drive for Youth Group events and activities, please complete the following information.
Driver information applies to church-owned, personal and rented vehicles.*

By signing this form, drivers (employees and volunteers) understand that a Motor Vehicle Record (MVR) may be secured for a record of their driving history. Drivers also give permission for subsequent MVRs to be run, without the need for a new signature.

- It is strongly recommended that ALL employees and volunteers who drive their personal vehicles for insured Youth activities and events have minimum liability limits of
 - \$100,000 of bodily injury liability protection per person
 - \$300,000 for bodily injury per accident
 - \$100,000 for property damage
- Drivers in Personal Vehicles: Drivers must be 18 years of age or older.
- Drivers of rented or church owned vehicles: Drivers must be 25 – 70 years old, with no violations in the past three years.

Please indicate if you have any of the following moving violations:

Major Moving Violation

Disqualifies individual for all driving

- Driving while intoxicated or under the influence of drugs
- Failure to stop and report accident involvement
- Homicide/Assault while operating a vehicle
- Driver’s license suspended, revoked, cancelled, or barred
- Violation of Open Container Law
- Possession of alcohol or drugs
- Motor vehicle theft
- Manslaughter or vehicular homicide
- Carrying a concealed weapon
- Felony use of a motor vehicle
- Careless/reckless driving
- Drag racing or participating in speed contests

Minor Moving Violation

No more than one for the prior three years

- Speed equal to less than 10 mph over the limit
- Moving violation resulting in filing of evidence of Financial Responsibility
- Altered license or unlawful use of license or permit
- Driving on the wrong side of the road or in the wrong direction
- Any passing violation
- School bus or school zone
- Failures to yield at intersection, stop sign, or traffic device
- Failure to yield to emergency vehicle

I attest that I am qualified to safely drive youth for St. James Lutheran Church Youth Group events and activities. If I obtain a moving violation, I will notify the Youth Minister and Personnel Committee immediately. I will also complete the *Driver Log* for each youth event or activity in which I am responsible for driving.

Applicant Name

Signature

Date

Application Instructions: Pennsylvania Criminal History Record

(requested from Pennsylvania State Policy)

Valid for 5 years (60 months)

To complete application

- Go to: <https://epatch.state.pa.us/>
- Click *New Record Check* button (Volunteers only)
- Check the box after reading the acknowledgement statements and click the “Accept” button.
- Enter your Personal Information.
 - For the Volunteer Organization Name, enter **St James Lutheran Church** (do not put a period after St; it cannot accept punctuation).
 - For the Volunteer Organization Phone Number, enter 717-334-2012.
- Confirm your information and click the “Next” button.
- Print the certificate that is generated. It will have a PA Keystone logo as a watermark.
- Turn the certificate into the church office.

Application Instructions: Pennsylvania Child Abuse History Certification

(requested from Child Welfare Information Solutions)

Valid for 5 years (60 months)

To facilitate retrieval of the clearance results, before you complete the application, contact the Youth Minister or Church Administrator and request a “payment code.” While the church is not charged for clearances for volunteers, if you opt for a payment code, it will automatically assign your clearance results to the church’s account, therefore facilitating access to the results of your clearance. If you prefer to submit the results on your own to the church office, you are welcome to do so, simply indicate that you haven’t received a payment code from the church during the application process.

- Go to: <https://www.compass.state.pa.us/cwis/public/home>
 - Log in if you have previously obtained your Child Abuse History Certification, and complete the renewal application process.
- Click *Create Individual Account*.
 - Create a user profile, and then use the temporary password that they email to you. The “Keystone ID” is a user name that you create. Write down your user name/Keystone ID and password, as you will need it to retrieve your clearance.
- Sign-in and click through the agreement notices.
- On the screen that says *My PA Child Abuse History Clearances*, click *Create Clearance Application* button.

- For the *Application Purpose*, select **Volunteer** (first option).
- Under *Category*, select **Other**.
- Under *Agency Name*, enter **St. James Lutheran Church**.
- Fill out all of the information; you will need to provide:
 - your current contact information
 - former names or alias
 - all addresses where you have previously resided
 - all of the people you currently and previously have lived with, as well as their relation to you. (If they were a roommate, list them as “other.”)
- For the *Application Payment*, select
 - **Yes** if you obtained a payment code from office staff
 - **No** if you prefer to submit your clearance results on your own.
 - If you are prompted to make payment save your application and go back and check the *Volunteer* button.

Upon completion, if you selected to have the certificate sent via email, please forward it to youth@stjamesgettysburg.org. If you opted to mail it to your home, please provide a copy to the church office.

Application Instructions: FBI Fingerprints

(requested from Federal Bureau of Investigation via Identigo)

Valid for 5 years (60 months)

Any applicant who has not lived in Pennsylvania for the last 10 continuous years, must also obtain their digital fingerprints and Federal Criminal History Background Check in order to become an Approved Adult. Once the applicant has lived in Pennsylvania for 10 continuous years, this record no longer needs to be maintained and instead will be replaced by *Disclosure Statement Application for Volunteers* (Appendix C).

- Make an appointment online (<https://uenroll.identigo.com/>)
- Use digital fingerprint screening code: 1KG6ZJ (DHS Volunteer code) (<https://www.paproviders.org/digital-fingerprint-services-dhs-service-codes/>).
- Select the digital fingerprint screening location and make an appointment.
- Applicant will receive a mailed copy of clearance results.
- Submit clearance results to the church office.

If you have lived in Pennsylvania for the last 10 continuous years, you do not need to obtain digital fingerprints and Federal Criminal History Background Check. Instead, please complete and submit the following pages with your Approved Adult Application: Disclosure Statement Application for Volunteers (Appendix C).

Disclosure Statement Application for Volunteers

Required by the Child Protective Service Law

23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and AM NOT required to obtain a clearance through the Federal Bureau of Investigation, as:

- the position I am applying for is unpaid; and
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statues or of offenses similar in nature to those crimes 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.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709	(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)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.)

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes

listed above or of offenses similar in nature to those crimes 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 if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity, or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity, or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity, or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity, or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the employing entity or program, activity, or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Applicant's Name

Signature

Date

Witness' Name

Signature

Date

Resources & Definitions

Department of Human Services → Keep Kids Safe

<https://www.dhs.pa.gov/keepkidssafe/Pages/default.aspx>

Department of Human Services → Report Abuse

<https://www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx>

Obtained from Pennsylvania Child Protective Services Law

23 Pa.C.S. Chapter 63: <https://www.legis.state.pa.us/WU01/LI/LI/CT/HTM/23/00.063..HTM>

Subchapter A, 6303 Definitions, b.1 Child abuse

According to the Pennsylvania Child Protective Services Law (CSPL):

1. Child abuse is intentionally, knowingly or recklessly doing any of the following:
 - a. Causing bodily injury to a child through any recent act or failure to act.
 - b. Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
 - c. Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
 - d. Causing sexual abuse or exploitation of a child through any act or failure to act.
 - e. Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
 - f. Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
 - g. Causing serious physical neglect of a child.
 - h. Engaging in any of the following recent acts:
 - 1) Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
 - 2) Unreasonably restraining or confining a child, based on consideration of the method, location, or the duration of the restraint or confinement.
 - 3) Forcefully shaking a child under one year of age.
 - 4) Forcefully slapping or otherwise striking a child under one year of age.
 - 5) Interfering with the breathing of a child.
 - 6) Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
 - 7) Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
 - I. Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.

- II. Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.24 (relating to assessments) or any of its predecessors.
 - III. Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. § 9799.12 (relating to definitions).
 - IV. Causing the death of the child through any act or failure to act.
2. Sexual abuse or exploitation includes any of the following:
- a. Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.
 - b. Participating in sexually explicit conversation either in person, by telephone, by computer, or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.
 - c. Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.
 - d. Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting or filming.

Additional Training & Education

Online Training: A free three-hour course developed by the University of Pittsburgh and the Department of Human Services covers how to recognize and report suspected child abuse. Registration is required. Participants can then print out a certificate signifying their completion of the course: www.reportabusepa.pitt.edu/

Similarly, the **Center for Child Protection at Penn State** also has a free state-approved online training module that takes about two hours and offers a completion certificate: www.ilookoutforchildabuse.com/

Keep Kids Safe PA: keepkidssafe.pa.gov is designed to serve as the hub for information related to critical components impacting child protection including a link for mandated reporters to make reports of suspected child abuse electronically, training on child abuse recognition and reporting, information related to certifications and general information related to child protection.

Center for Children’s Justice: This advocacy group’s reports and websites can help you’re your congregation informed about the Child Protection Services Laws. www.c4cj.org.

Lutheran Advocacy Ministry in Pennsylvania: LAMPa is the ELCA-affiliated office that provides insight and updates on state law, including CPSL. www.lutheranadvocacypa.org/issues/child-sexual-abuse-protection/

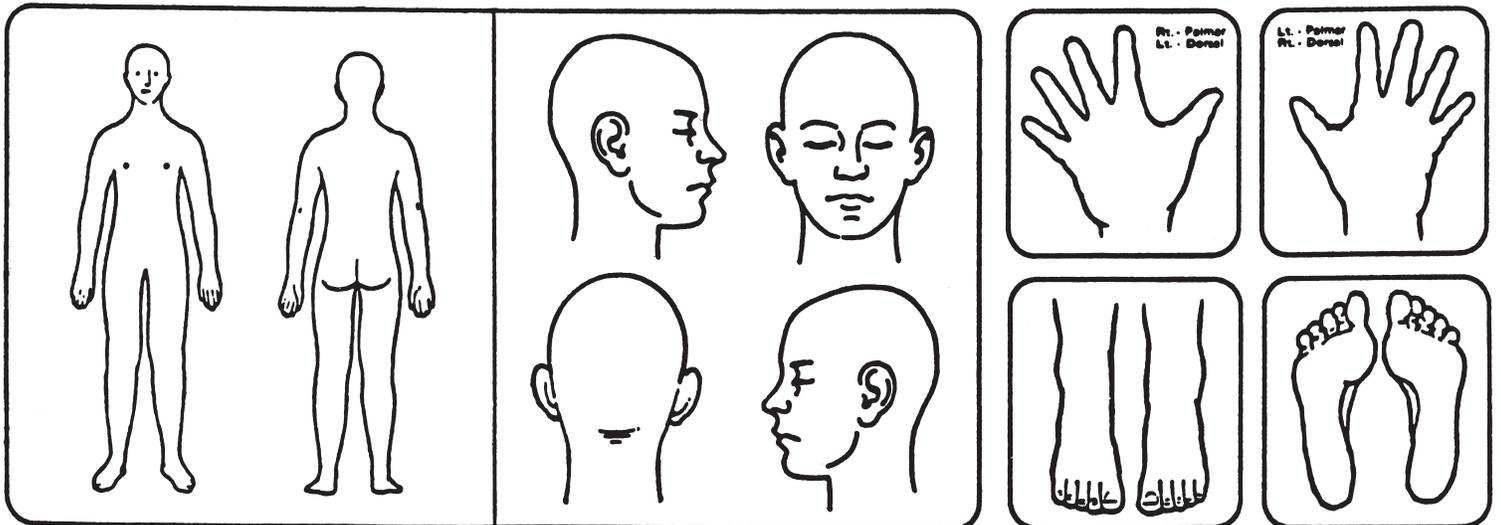
ELCA Legal Counsel: <http://www.elca.org/legal/riskmanagement.html>

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)		SSN	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (State, City, State & ZIP Code)			COUNTY	
1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE			COUNTY	
2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
4. OTHER PERSON RESPONSIBLE FOR CHILD		SSN	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.
5. ALLEGED PERPETRATOR (Last, First, Initial)		SSN	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.
NAME OF ALLEGED PERPETRATOR'S EMPLOYER AND EMPLOYER'S ADDRESS				
6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)		RELATIONSHIP TO CHILD	NAME (Last, First, Initial)	RELATIONSHIP TO CHILD
NAME (Last, First, Initial)				
A.			D.	
B.			E.	
C.			F.	
ADDRESS WHERE THE SUSPECTED ABUSE OCCURRED			COUNTY	
DESCRIBE THE NATURE AND EXTENT OF THE SUSPECTED CHILD ABUSE, INCLUDING ANY EVIDENCE OF PRIOR ABUSE TO THE CHILD OR ANY SIBLING OF THE CHILD. ALSO INCLUDE ANY EVIDENCE OF PRIOR ABUSE BY THE ALLEGED PERPETRATOR(S) TO OTHER CHILDREN. PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.			DATE OF INCIDENT	



7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY THE PERSON MAKING THE REPORT:

- NOTIFICATION OF CORONER OR MEDICAL EXAMINER X-RAYS PHOTOGRAPHS HOSPITALIZATION
 POLICE NOTIFIED MEDICAL TEST(S) TAKEN INTO PROTECTIVE CUSTODY OTHER (Specify) _____

8. SAFETY CONCERNS AND RISK FACTORS:

A. DESCRIBE THE CHILD(REN)'S PHYSICAL AND BEHAVIORAL HEALTH, GOOD MOOD AND TEMPERAMENT. DESCRIBE CHILD(REN)'S INTELLECTUAL FUNCTIONING, COMMUNICATION AND SOCIAL SKILLS, SCHOOL PERFORMANCE AND PEER RELATIONS. INCLUDE WHETHER THE CHILD(REN) HAS EXPRESSED ANY SUICIDAL/HOMICIDAL IDEATION OR PLANS. INFORMATION UNKNOWN

B. DESCRIBE HOW THE ADULT CAREGIVERS FUNCTION COGNITIVELY, EMOTIONALLY, BEHAVIORALLY, PHYSICALLY AND SOCIALLY. INCLUDE WHETHER THE ADULTS HAVE ANY MENTAL HEALTH, SUBSTANCE USE ISSUES AND/OR CRIMINAL HISTORY. DOCUMENT ANY PAST OR PRESENT DOMESTIC VIOLENCE. RECORD THE EMPLOYMENT STATUS/SOURCE OF INCOME AND WHETHER THERE ARE ANY FINANCIAL STRESSORS IN THE HOME. INCLUDE ANY SAFETY OR SANITARY CONCERNS REGARDING THE CONDITIONS OF THE HOME AND WHETHER THERE ARE WORKING UTILITIES. WHAT IS THE PRIMARY LANGUAGE OF THE HOUSEHOLD? INFORMATION UNKNOWN

C. DESCRIBE WHETHER THE CAREGIVERS HAVE THE APPROPRIATE KNOWLEDGE, EXPECTATIONS AND SKILLS TO PARENT THE CHILD(REN) ADEQUATELY. DOES THE CAREGIVER ADEQUATELY SUPERVISE THE CHILD(REN)? ARE THEY WILLING AND ABLE TO PROTECT THE CHILD(REN)? DESCRIBE THE ABILITY OF THE CAREGIVER TO EMPATHIZE, NURTURE AND ADVOCATE FOR THE CHILD(REN). INFORMATION UNKNOWN

D. DESCRIBE THE CAREGIVERS' APPROACH/METHODS OF DISCIPLINING THE CHILD(REN). DESCRIBE WHEN DISCIPLINE OCCURS AND WHETHER DISCIPLINARY METHODS ARE AGE-APPROPRIATE? ARE THERE ANY CULTURAL PRACTICES IN THE HOME THAT WOULD INFLUENCE THE DISCIPLINARY METHODS USED? INFORMATION UNKNOWN

E. PLEASE PROVIDE ANY ADDITIONAL INFORMATION RELEVANT TO THE INVESTIGATION PROCESS THAT HAS NOT ALREADY BEEN ENTERED IN THIS REFERRAL. THIS MAY INCLUDE ADDITIONAL ADDRESSES TO LOCATE THE CHILD OR PERPETRATOR, ADDITIONAL RESOURCES FOR THE CHILD, EMAIL ADDRESSES, INFORMATION ABOUT ANY WEAPONS IN THE HOME OR CONCERNS YOU MAY HAVE FOR THE CASEWORKER'S SAFETY. INFORMATION UNKNOWN

INSTRUCTIONS TO MANDATED PERSONS:

A mandated reporter making an oral report of suspected child abuse to the department via the Statewide toll-free telephone number (800-932-0313) must also make a written report, which may be submitted electronically, within 48 hours to the department or county agency assigned to the case by using this form. If needed, attach additional sheet(s) of paper to provide all of the requested information on this form.

NOTE:

If the child has been taken into custody, you must immediately contact the county children and youth agency where the abuse occurred.

REPORTING SOURCE:			
PRINTED NAME AND SIGNATURE:		DATE OF REPORT:	
ADDRESS:			
TITLE OR RELATIONSHIP TO CHILD:	FACILITY OR ORGANIZATION:	TELEPHONE NUMBER:	EMAIL ADDRESS:

St. James Lutheran Church Youth Ministry Participation Agreement & Registration

We welcome your youth's participation in the youth ministry program at St. James!

Name of child/youth _____ Grade _____

School Attending _____

Street Address _____

City _____ State _____ Zip _____

If applicable: Youth email _____ Cell phone _____

T-shirts (circle size) Youth Size: S M L Adult Size: S M L

Mother/Guardian's name _____

Email _____

Home phone _____ Cell phone _____

Father/Guardian's name _____

Email _____

Home phone _____ Cell phone _____

Transportation

If your child will come directly to Youth Group after school, please complete a Permission Slip instructing the school to allow St. James Lutheran Church volunteers to pick-up your child or to allow them to ride the bus to St. James Lutheran Church in Gettysburg.

Who will usually pick-up your child after Youth Group events & activities? _____

Is there anyone that should NOT be allowed to pick-up your child? _____

Is there anything else the church should know about your child's schedule that might conflict with regularly scheduled Youth Group?

I understand my child will either be part of arranged transportation or I will provide transportation.

Parent/Guardian Signature

Date

Health & Wellness

Current Medication _____

Allergies _____

Known medical conditions and drug reactions for the student _____

In the event that my child becomes ill or is injured, I authorize the adults in charge to take the following steps:

- 1) Call the parents/guardians. If unavailable, the person below should be called to act on our behalf.

Name _____ Relationship _____

Home phone _____ Cell phone _____

- 2) If the above contacts cannot be reached, I authorize the adult volunteers to use their discretion in securing medical attention and treatment for my child.

Health Insurance Yes No Preferred Hospital/Pediatrician _____

Insurance Company _____ Policy # _____ Group # _____

I give my permission to the church staff or adult volunteers to seek/administer First Aid in case of a minor medical situation. In the event of an emergency where medical treatment is required, I give my permission to the church staff or adult volunteer to obtain the services of a licensed physician. Please notify me immediately concerning any such emergency. I understand that I am responsible for all costs incurred for such treatment.

Parent/Guardian Signature

Date

Photo Release/Media Permission

St. James uses a number of tools to publicize activities to the congregation and community.

Please read the media release statement and check one of the options below:

I, (parent/guardian – print name) _____, give St. James Lutheran Church the absolute right and permission to use the likeness or image of my child, (name of child) _____, in photography or videography that may result in publicity efforts seen by the public. I understand that photography or videography may be used in publications, media release, electronic media or other forms of promotion. I release St. James Lutheran Church, its offices, employees, council, pastors, photographers and designees from liability for any violation of personal or proprietary right I may have in connection with use.

_____ I give permission for my child's photo to be included in media presentations (signature) _____

_____ I do not give permission for my child's photo to be included in presentations (signature) _____

I give my permission for my child to participate in Youth Group events, choir, and Christian Education activities at St. James Lutheran Church.

Parent/Guardian Signature

Date

To be completed annually by youth and parents on first day of Youth Group

***In all that we do,
please keep in mind that God is present in this community
and that we are representing Him,
as well as the community of St. James.***

We believe it is important that both our youth and their parents understand the mission and vision of youth ministry at St. James. In order to fulfill this mission, we need to involve everyone in a promise of covenanted behavior. Please read through this covenant and sign below that you understand and are willing to create a God-loving atmosphere where we do ministry in the name of Jesus.

We expect all youth participating in St. James events to:

- Act in a way that promotes a healthy Christian community
- Use common sense, respect, and consideration for other youth and adults at all times
- Follow all directions given by leaders both before and during the event
- Actively participate in all group activities, unless adult permission is given not to participate
- Notify a leader if you need to leave the group for any reason; youth may not leave the group unless they are accompanied by an adult leader
- Notify a leader if you are ill or have been injured in any way
- Refrain from the use of alcoholic beverages, illegal drugs, or tobacco, or any other activities which do not reflect the faith and mission of St. James such as vandalism, violence, or theft
- Refrain from sexual misconduct and public displays of affection
- Refrain from being in rooms/bedrooms/bathrooms alone with persons of the opposite sex without adult supervision or permission
- Refrain from all physically or verbally abusive behavior

Consequences for improper behavior and/or breaking this covenant may include sending the youth home from an event at the parent's expense as well as payment for damages caused by vandalism, horseplay, or intentional destruction of property.

I have read and understand this covenant and lovingly accept to sign my name as a promise to abide by these guidelines.

Youth Name

Age

Youth Signature

Date

Parent/Guardian Signature

Date

APPENDIX L

Permission Slip Templates

INSTRUCTIONS

Event organizers fill out blanks marked by a cross (+).

Parents fill out the blanks marked by an asterisk (*).

Event Date: + _____

Return Slip by: + _____

St. James Lutheran Church

109 York St. Gettysburg, PA 17325

717-334-2012

www.StJamesGettysburg.org



Permission Slip

* _____ has my permission to participate in the following child/youth group activity, + _____, on + _____

The group will leave from the church at + _____ and return at + _____

Supervisors for this event will be: + _____

My child is asked to bring + _____

In case of emergency, call * _____

*I am willing to chaperon/drive if needed: YES NO

* _____

Signature of Parent or Guardian

* _____

Date

Gettysburg Area School District Permission Slip

Please allow my child(ren) to

- Be picked up by St. James Lutheran Church Volunteers (Lincoln Elementary)
- To Ride Bus # _____ to St. James Lutheran Church (James Gettys Elem)

Each Wednesday to attend Youth Group, starting August 25, 2021.

Child's Name	Teacher	Grade
--------------	---------	-------

Child's Name	Teacher	Grade
--------------	---------	-------

Child's Name	Teacher	Grade
--------------	---------	-------

Parent/Guardian Signature	Date
---------------------------	------

For school administration: If you need to reach St. James staff, please contact 717-334-2012.

Gettysburg Area School District Permission Slip

Please allow my child(ren) to

- Be picked up by St. James Lutheran Church Volunteers (Lincoln Elementary)
- To Ride Bus # _____ to St. James Lutheran Church (James Gettys Elem)

Each Wednesday to attend Youth Group, starting August 25, 2021.

Child's Name	Teacher	Grade
--------------	---------	-------

Child's Name	Teacher	Grade
--------------	---------	-------

Child's Name	Teacher	Grade
--------------	---------	-------

Parent/Guardian Signature	Date
---------------------------	------

For school administration: If you need to reach St. James staff, please contact 717-334-2012.

Volunteer Sign-In

Please sign in as an Approved Adult Volunteer for Youth Group events and activities.

To be completed by Youth Minister:

Event Title: _____

Event Date: _____

Number of Children in Attendance: _____

<i>Approved Adult Volunteer Name</i>	<i>Signature:</i> <i>I validate that I am an Approved Adult Volunteer and my completed application and security clearances are on file in the church office.</i>

***THIS SIGN-IN FORM MUST BE MAINTAINED FOR 20 YEARS.
 DO NOT DISPOSE OF THIS RECORD.***

YOUTH MINISTER: SAVE THIS RECORD IN THE CHILD PROTECTION POLICY RECORD NOTEBOOK.

Driver Information Log

Each driver must provide signature. Form applies only to church-owned or rented vehicles.

By signing this form, drivers (employees and volunteers) understand that a Motor Vehicle Record (MVR) may be secured for a record of their driving history. Drivers also give permission for subsequent MVRs to be run, without the need for a new signature.

Driver's Name <i>as shown on license</i> <<please print>>	Gender	DOB	Driver's License Information		Vehicle Driven	Driver's Signature
			Number	State		

Notes:

- It is strongly recommended that ALL employees and volunteers who drive their personal vehicles for insured Youth activities and events have minimum liability limits of \$100,000 of bodily injury liability protection per person | \$300,000 for bodily injury per accident | \$100,000 for property damage
- Drivers in Personal Vehicles: Drivers must be 18 years of age or older.
- Drivers of rented or church owned vehicles: Drivers must be 25 – 70 years old, with no violations in the past three years.

Major Moving Violation (Disqualifies individuals for all driving)	Minor Moving Violation (No more than one for the prior three years)
Driving while intoxicated or under the influence of drugs.	Speed equal to less than 10 mph over the limit.
Failure to stop and report accident involvement.	Moving violation resulting in filing of evidence of Financial Responsibility.
Homicide/Assault while operating a vehicle.	Altered license or unlawful use of license or permit.
Driver's license suspended, revoked, cancelled or barred.	Driving on the wrong side of the road or in the wrong direction.
Violation of Open Container Law.	Any passing violation.
Possession of alcohol or drugs.	School bus or school zone.
Motor vehicle theft.	Failures to yield at intersection, stop sign, or traffic device.
Manslaughter or vehicular homicide.	Failure to yield to emergency vehicle.
Carrying a concealed weapon.	
Felony use of a motor vehicle.	
Careless/reckless driving.	
Drag racing or participating in speed contests.	

**THIS SIGN-IN FORM MUST BE MAINTAINED FOR 20 YEARS.
 DO NOT DISPOSE OF THIS RECORD.**

YOUTH MINISTER: SAVE THIS RECORD IN THE CHILD PROTECTION POLICY RECORD NOTEBOOK.

***THIS SIGN-IN FORM MUST BE MAINTAINED FOR 20 YEARS.
DO NOT DISPOSE OF THIS RECORD.
YOUTH MINISTER: SAVE THIS RECORD IN THE CHILD PROTECTION POLICY RECORD NOTEBOOK.***

Application Instructions: Pennsylvania Criminal History Record
 (requested from Pennsylvania State Policy)
 Valid for 5 years (60 months)

To complete application

- Go to: <https://epatch.state.pa.us/>
- Click *New Record Check* button (Volunteers only)
- Check the box after reading the acknowledgement statements and click the “Accept” button.
- Enter your Personal Information.
 - For the Volunteer Organization Name, enter **St James Lutheran Church** (do not put a period after St; it cannot accept punctuation).
 - For the Volunteer Organization Phone Number, enter 717-334-2012.
- Confirm your information and click the “Next” button.
- Print the certificate that is generated. It will have a PA Keystone logo as a watermark.
- Turn the certificate into the church office.

SP 4-164A (7-2015)

PENNSYLVANIA STATE POLICE
 REQUEST FOR CRIMINAL RECORD CHECK
VOLUNTEER ONLY

1-888-QUERYPA (1-888-783-7972)

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.*

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

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – RCPD 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)			TELEPHONE NUMBER	
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.				
By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$8 fee is being waived because of my status as an unpaid volunteer.				
REQUESTER SIGNATURE <small>(*Signature required for processing*)</small>	DATE			
WARNING: 18 Pa.C.S. 4304(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.				

Application Instructions: Pennsylvania Child Abuse History Certification

(requested from Child Welfare Information Solutions)

Valid for 5 years (60 months)

To facilitate retrieval of the clearance results, before you complete the application, contact the Youth Minister or Church Administrator and request a “payment code.” While the church is not charged for clearances for volunteers, if you opt for a payment code, it will automatically assign your clearance results to the church’s account, therefore facilitating access to the results of your clearance. If you prefer to submit the results on your own to the church office, you are welcome to do so, simply indicate that you haven’t received a payment code from the church during the application process.

- Go to: <https://www.compass.state.pa.us/cwis/public/home>
 - Log in if you have previously obtained your Child Abuse History Certification, and complete the renewal application process.
- Click *Create Individual Account*.
 - Create a user profile, and then use the temporary password that they email to you. The “Keystone ID” is a user name that you create. Write down your user name/Keystone ID and password, as you will need it to retrieve your clearance.
- Sign-in and click through the agreement notices.
- On the screen that says *My PA Child Abuse History Clearances*, click *Create Clearance Application* button.
- For the *Application Purpose*, select **Volunteer** (first option).
- Under *Category*, select **Other**.
- Under *Agency Name*, enter **St. James Lutheran Church**.
- Fill out all of the information; you will need to provide:
 - your current contact information
 - former names or alias
 - all addresses where you have previously resided
 - all of the people you currently and previously have lived with, as well as their relation to you. (If they were a roommate, list them as “other.”)
- For the *Application Payment*, select
 - **Yes** if you obtained a payment code from office staff
 - **No** if you prefer to submit your clearance results on your own.
 - If you are prompted to make payment save your application and go back and check the *Volunteer* button.
- Upon completion, if you selected to have the certificate sent via email, please forward it to youth@stjamesgettysburg.org. If you opted to mail it to your home, please provide a copy to the church office.

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 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 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 <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, licensed child-care home, 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 contact with children If purpose is volunteer having 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)
_____ <small>SIGNATURE OF CIM/CAO REPRESENTATIVE</small>	_____ <small>CIM/CAO PHONE NUMBER</small>

AGENCY/ORGANIZATION NAME:	PAYMENT AUTHORIZATION CODE, IF APPLICABLE:
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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
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

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 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 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.
 - 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, licensed child-care home, 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, excluding an individual with an intellectual disability or chronic psychiatric disability receiving services, in one of these types of settings 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 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.

Application Instructions: FBI Fingerprints

(requested from Federal Bureau of Investigation via Identigo)

Valid for 5 years (60 months)

Any applicant who has not lived in Pennsylvania for the last 10 continuous years, must also obtain their digital fingerprints and Criminal History Background Check in order to become an Approved Adult. Once the applicant has lived in Pennsylvania for 10 continuous years, this record no longer needs to be maintained and instead will be replaced by *Disclosure Statement Application for Volunteers* (Appendix C).

- Make an appointment online (<https://uenroll.identigo.com/>)
- Use digital fingerprint screening code: 1KG6ZJ (DHS Volunteer code) (<https://www.paproviders.org/digital-fingerprint-services-dhs-service-codes/>).
- Select the digital fingerprint screening location and make an appointment.
- Applicant will receive a mailed copy of clearance results.
- Submit clearance results to the church office.