



OFFICE USE ONLY			
Patch	Childline	FBI	M Rep
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# Elizabethtown Church of the Brethren

www.etowncob.org

777 S. Mt. Joy Street Elizabethtown, Pa 17022

717-367-1000

## VOLUNTEER CHILD PROTECTION SCREENING FORM

Elizabethtown COB is required to conduct a series of background checks for volunteers working with children as part of State mandated law and as an organization that cares for children and youth within the Commonwealth of PA. Your cooperation is appreciated in helping us to meet our legal, ethical, and moral obligations to provide an emotionally and physically safe environment for children and youth. **This form and all required background checks MUST be completed by all new volunteers!** If you have any questions, please don't hesitate to contact us at 717-367-1000 or jason@etowncob.org. Forms can be returned via email or mail to the church address above Attention: Child Protection Coordinator.

### PERSONAL INFORMATION –

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other Names or Aliases: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Previous Addresses For Last Five Years (including college, and seasonal residences). If needed, continue on a separate sheet of paper and attach:

1. City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_
2. City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

### VOLUNTARY DISCLOSURE STATEMENT – Must be completed by all new volunteers.

1. Have you ever been arrested and/or charged with a crime? (This includes all arrests and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)  YES  NO
2. Have you ever been convicted of or pleaded guilty or no contest to any criminal offensive of any kind, including but not limited to violent crimes or crimes relating in any manner to children and/or your conduct with them such as indecent assault and battery, rape, assault, kidnapping, and distribution and trafficking of narcotics or other controlled substances?  YES  NO
3. Have you ever participated in, or been accused, convicted or pleaded guilty or no contest to abuse or any sexual misconduct?  YES  NO
4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?  YES  NO
5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?  YES  NO
6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?  YES  NO

If you answered YES to any of the questions above, please explain on a separate sheet of paper and attach.

**PA STATE POLICE CRIMINAL BACKGROUND CHECK (PATCH) – Choose ONE below.**

- I am a NEW volunteer 18 years old or older. Check ONE below.
  - I have requested a PA state police criminal background check for myself at <https://epatch.pa.gov/home>. I will provide a copy of this check to Elizabethtown CoB.
  - Another organization holds up to date documentation of a PA state police criminal background check conducted on me. I will provide a copy of this check to Elizabethtown CoB.
- I am already a volunteer who has a PA state police criminal background check on file at Elizabethtown CoB. I understand that I need to conduct a PA state police criminal background check at least every 59 months.

**PA CHILD ABUSE HISTORY CLEARANCE CHECK (CHILDLINE) – Choose ONE below.**

- I am a NEW volunteer 18 years old or older. Check ONE below.
  - I have requested a PA child abuse history clearance check for myself at <https://www.compass.state.pa.us/CWIS>. (We recommend using your SSN to obtain this check in order to expedite the screening process.) I will provide a copy of the results of this check to Elizabethtown CoB.
  - Another organization holds up to date documentation of a PA child abuse history clearance check conducted on me. I will provide this check to Elizabethtown CoB.
- I am already a volunteer who has a PA child abuse history clearance check on file at Elizabethtown CoB. I understand that I need to conduct a PA child abuse history clearance check at least every 59 months.

**FBI CLEARANCE CHECK – Choose ONE below.**

- I am a volunteer 18 years old or older. I affirm that I have been a resident of the Commonwealth of PA continuously for the last ten years and have not been convicted of any crime in another state or jurisdiction similar to the convictions that would disqualify me from working with children in PA.
- I am a NEW volunteer 18 years old or older. I have registered for the FBI clearance check at <https://uenroll.identogo.com/> (Code: **1KG6ZJ**) and have been fingerprinted at an official location. I will provide a copy of the results of this check to Elizabethtown CoB.
- I am already a volunteer who has the results of an FBI clearance check on file at Elizabethtown CoB. I understand that I need to conduct a FBI clearance check at least every 59 months.

**Mandatory Reporter Information:**

In our efforts to comply with State law, Elizabethtown CoB requires all of our volunteers working with children to understand the duties, responsibilities and laws of being a Mandated Reporter.

- I will complete this 3-hour online training at [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu) and provide Elizabethtown CoB with a copy of a my certificate of completion or in another way seek education and information to understand the duties, responsibilities and laws of being a Mandated Reporter.

**ACKNOWLEDGEMENT AND AFFIRMATION OF INFORMATION –**

*The information contained in this form is correct to the best of my knowledge. I authorize Elizabethtown CoB to confirm any of the information I have provided, and to receive information from any law-enforcement agency, including police departments and sheriff's departments, of state or federal government, to the extent permitted by state and federal law, pertaining to any charges or convictions I may have had for violations of state or federal criminal laws. I understand that any misrepresentation, falsification, or material omission of information on this form or other documents completed by myself may result in my failure to approve voluntary service with Elizabethtown CoB, regardless of the time of discovery. I also understand that Elizabethtown CoB may deny a position of voluntary service to any person who answers "yes" to the questions listed under the Voluntary Disclosure Statement section or who is found to have a record of criminal history or child abuse.*

*By signing below I affirm that I have read the "Elizabethtown CoB Child Protection Policy"*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_