



## SARAH HEINZ HOUSE ADULT VOLUNTEER & PART-TIME STAFF APPLICATION

You must fully complete this application and return it to Heinz House.  
A staff member will contact you regarding your position.

*Please print legibly. Unreadable and incomplete applications will be returned and rejected.*

Date of Application: \_\_\_\_\_ Please check all that apply: Staff \_\_\_\_\_ Volunteer \_\_\_\_\_

**Demographic Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Birthdate (MM/DD/YY): \_\_\_\_\_ Gender (check one): Female \_\_\_\_\_ Male \_\_\_\_\_

Street Name and Number: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address: \_\_\_\_\_

**Please circle which method you prefer us to use to contact you. If you chose cell, do you prefer text? Yes No**

Racial/Ethnic Background (check one):

White \_\_\_ African American \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Multi-Racial \_\_\_ Other (Specify) \_\_\_\_\_

Current employer (Company): \_\_\_\_\_ Job Title: \_\_\_\_\_

Driver's License Number (write N/A if you do not have a license) \_\_\_\_\_ Issuing State: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**References:**

Please list the names and phone numbers of three people who know your character and skill. At least one reference must be a relative, and at least one must be a non-relative. At least one of your references must be female and at least one must be male. This section must be completely filled out or it will be returned.

Name of Reference	Phone number and/or email (give more than one if necessary)	Know in What Capacity? (Friend, Colleague, etc.)	How long have they known you?
1.			
2.			
3.			



**Diplomas, Certifications, Licenses or Degrees** (please list):

**Preferences in Volunteering/Employment**

**\*\*If you know what you want to volunteer for, or have been hired for a specific position** (with days and times), please write it here and skip to "Staff/Volunteer Agreement and Signature section below."  
(example: Midget Boys Club or Gamesroom Desk, Mon 5-9pm)

**\*\*If you do not know what you would like to volunteer for or have not been hired yet, please continue answering the questions below so we can get a sense of where you would your service would be best fit for you and SHH. If you want to see a listing of volunteer options, please see Volunteer Opportunities List on page 3.**

**Day you would like to volunteer or work** (if available more than one, please rank in order of your preference):

Mornings (6am-2pm) Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_  
Afternoons (3-6 pm) Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_  
Evenings (6-10pm) Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

**Age Range of Children you want to work with (check all that apply):**

Years old: 1-5 \_\_\_ 6-9 \_\_\_ 10-12 \_\_\_ 13-15 \_\_\_ 16-18 \_\_\_ Not interested in working with children \_\_\_

**How often do you want to volunteer or work?**

Weekly or more (typically 1-2 hr shifts) \_\_\_ Monthly \_\_\_ 2-5 Times/year \_\_\_ Once/year \_\_\_ Other \_\_\_

**Type of Volunteer Activity or Work**

With children (Structured program) \_\_\_ With children (Unstructured program) \_\_\_ Administrative \_\_\_  
Gardens \_\_\_ Special events \_\_\_ Other \_\_\_ Please list: \_\_\_\_\_

**Other helpful information:**

Is there a specific staff member that you would prefer to volunteer/work for? \_\_\_\_\_

What skill or talents would you like to use as a volunteer/employee? \_\_\_\_\_

**Staff/Volunteer Agreement:**

The above information is correct and complete to the best of my knowledge, without consequential omissions. I authorize the references listed above to release any information regarding my service, character and qualifications. I acknowledge that SHH is not obligated to offer me a volunteer or a paid staff position.

\_\_\_\_\_  
Staff/Volunteer Signature

\_\_\_\_\_  
Date



# LEADERSHIP CODE OF CONDUCT



Your participation in employment, volunteering, and leadership positions at Sarah Heinz House is both a PRIVILEGE and a RESPONSIBILITY. It also means that you are a representative of our organization. It is your responsibility to maintain membership eligibility (for youth) and high standards of citizenship in addition to serving as a role model to the best of your ability. Any failure to follow a Sarah Heinz House policy may result in disciplinary action, up to and including suspension or dismissal from the position.

### ELIGIBILITY:

1. All staff shall conform to their department's standards for behavior, appearance, and position requirements and policies.
2. Youth must be a current member in good standing, with regular attendance at both core programs.
3. Employees must be at least 14 years of age, with a current work permit. Any individual over the age of 18 must provide current clearances or authorization for SHH to conduct clearance check.
4. Youth must maintain at least a C average GPA 2.0, or implement corrective action plan with a staff member, in order to continue employment.

### EMPLOYEE LEADERSHIP EXPECTATIONS AND CODE OF CONDUCT

Leadership is an integral part of the Boys and Girls Club of America's total educational program. All organizational activities, structured and unstructured, must be congruent with Sarah Heinz House's mission and vision established for the intellectual, physical, social, and moral development of its members. It is within this context that the following Code of Conduct is presented. By accepting employment with Sarah Heinz House as described above, you agree to be bound by, and adhere to, all policies outlined in the Sarah Heinz House membership handbook and policies outlined below, both inside and outside of Sarah Heinz House. As a leader and role model, I understand that this is my responsibility to:

### EXPECTATIONS

1. Exhibit good character and proper conduct both inside and outside of Heinz House.
2. Maintain a positive attitude when serving in a leadership role.
3. Place academic achievement as a high priority.
4. Set a positive example for all members including those younger than yourself, those older, and your peers.
5. Try to stay informed of and help to promote upcoming special events and programs around the building.
6. Be on time for all employee commitments.

### CODE OF CONDUCT

1. Maintain a high level of safety awareness. Be aware of First Aid Kits, incident reports procedure, and emergency exits. Report all dangerous situations to staff immediately.
2. Upon entering the facility, staff is expected to wear his/her SHH ID at all times.
3. Show respect for all members including peers, staff, volunteers, and yourself.
4. Respect the integrity, authority, and judgment of your supervisor.
5. Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
6. Public displays of affection are prohibited.
7. Adhere to and enforce the established rules and standards of Sarah Heinz House.
8. Respect the facility and equipment and use it safely and appropriately.
9. Refrain from the illegal use of alcohol, tobacco, illegal and non-prescriptive drugs. Staff cannot report to work under the influence of any controlled substances.
10. Refrain from the acts of bullying, teasing, fighting and slanderous remarks towards members, staff, volunteers, and the organization.
11. Adhere to the Social Media Guidelines of Sarah Heinz House. Do not post any material that could be considered negative, offensive by nature, or which demonstrates or implies illegal actions.
12. Exhibit positive initiative and demonstrate a high level of quality work.
13. Report to work for all assigned shifts. If you cannot make it for any given shift, you must find a qualified and approved replacement and inform your supervisor well in advance, so they may plan accordingly. Any more than 2 absences without appropriate coverage or approval will be grounds for dismissal from work.

I/We have read the Sarah Heinz House Leadership Code of Conduct and agree to abide by it both in letter and spirit. I/We understand as an employee, any infraction of policy or this Code will result in a verbal warning, a written warning, then suspension and/or termination. Any blatant disregard for policy, procedures, or safety can result in immediate termination at the discretion of the supervisor. I/We also understand infractions are transferrable across all departments within Sarah Heinz House.

Employee Signature: \_\_\_\_\_

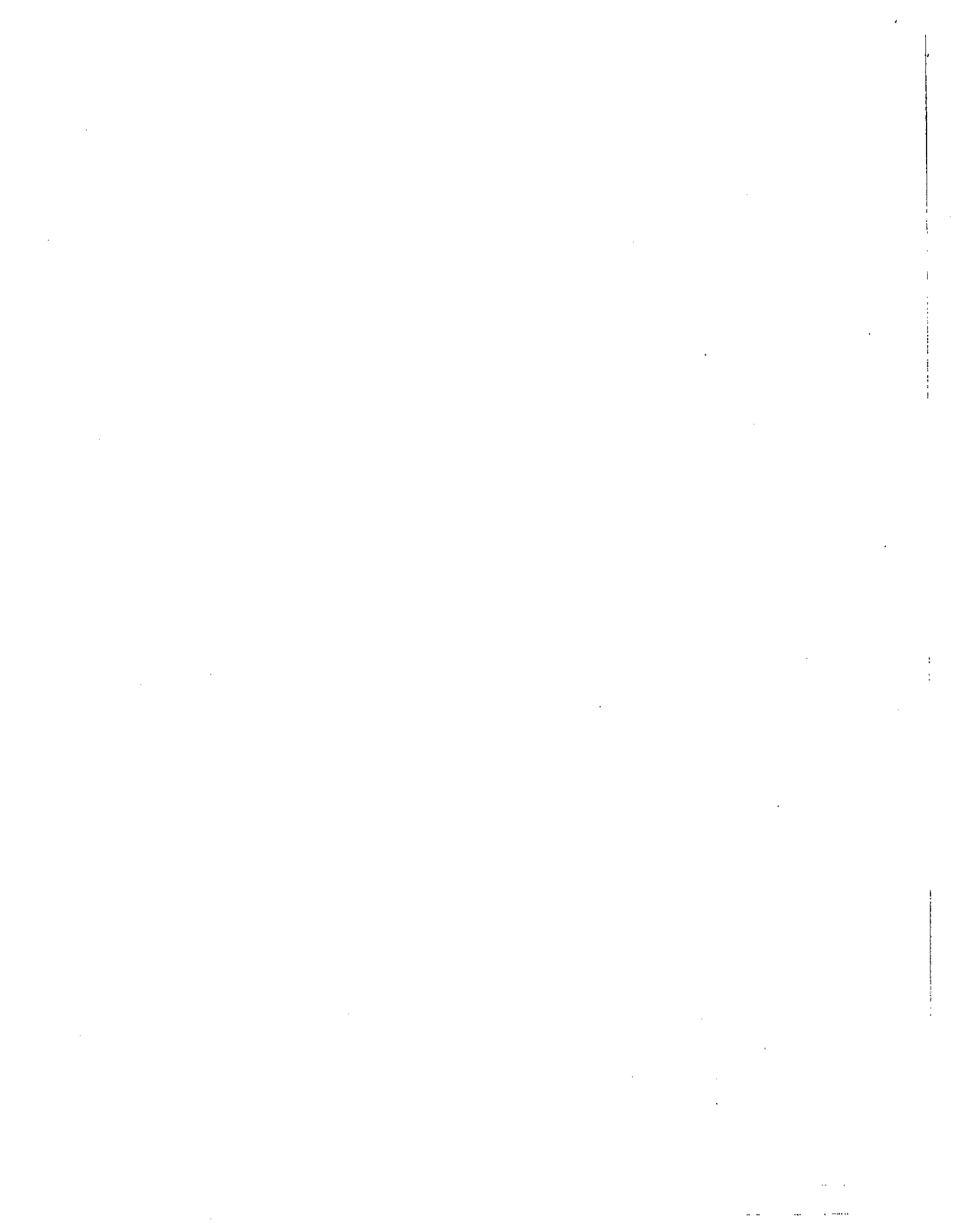
Date: \_\_\_\_\_

Parent/Guardian Signature of Minors: \_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_

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





## Authorization for Background Screening

The purpose of this document is to gain your authorization, as a prospective volunteer or employee of Sarah Heinz House, permitting Sarah Heinz House to perform a background check on you, so that you may work with our youth members and our organization.

If you do not authorize Sarah Heinz House to perform the background check, you may disqualify yourself from the opportunity to volunteer or to work at Sarah Heinz House.

### Authorization

During the application process and at any time during my employment or time as a volunteer for Sarah Heinz House, I hereby authorize Choice Point WorkPlace Solutions, Inc. or any other agency Sarah Heinz House chooses to use, on behalf of Sarah Heinz House, to procure a consumer report which I understand may include information regarding my character, general reputation, personal characteristics, mode of living, credit worthiness, credit standing, or credit capacity. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, credit bureaus, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent of such an investigation includes information bearing my character, general reputation, personal characteristics or mode of living.

\_\_\_\_\_  
Name Aliases (including: maiden/ married names)

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Social Security Number\* Date of Birth\* Gender Race

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

\*for identification purposes only

**Sarah Heinz House**

**Voluntary Disclosure Form**

*To be completed by Sarah Heinz House volunteers, CIT's and staff (9<sup>th</sup> Grade and up, and Adults)*

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Maiden name(s): \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please answer each of the following questions honestly by circling Yes or No. If, at any time, Sarah Heinz House determines that an answer(s) are untrue or misleading, they will have the right to suspend or terminate you as a volunteer or staff member.

**If you answer yes to any of the questions below (except the last question), please explain why on the reverse side of this paper.**

1. Have you ever been convicted of any crime (criminal or civil) relating in any manner to children and/or your conduct with them? Yes No
2. Have you ever been convicted of any violent crime? Yes No
3. Have you ever been convicted of any crime related to drug trafficking or distribution? Yes No
4. Are you now or have you ever been subject to any court order involving abuse of a minor, including, but not limited to a domestic order or protection? Yes No
5. Are there any other incident(s) in which you were involved that might show up on a background check? Yes No
6. Do you agree to disclose any future criminal convictions or violations? Yes No

Signature of Volunteer or Employee \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(if Volunteer or employee is still in high school, or under 18)*



**pennsylvania**

DEPARTMENT OF PUBLIC WELFARE

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

ChildLine and Abuse Registry

P.O. BOX 8170

HARRISBURG, PENNSYLVANIA 17105-8170

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

I, (applicant name), hereby authorize the Department of Public Welfare, ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to Sarah Heinz House.

I understand that this information is confidential in nature pursuant to §6340 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released by Sarah Heinz House without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to me, (applicant name) as stated on the Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy of my Pennsylvania Child Abuse History Clearance from Sarah Heinz House upon written request.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**Please send my clearance result(s) to:**

Christopher Cavendish  
Human Resources Department  
Sarah Heinz House  
One Heinz St.  
Pittsburgh, PA 15212

# PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. **DO NOT** send cash or personal check.  
 Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170  
**APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.**

<b>CHILDLINE USE ONLY</b>
DATE RECEIVED BY CHILDLINE

**SECTION I APPLICANT IDENTIFICATION**

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME  STREET  CITY, STATE ZIP CODE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td style="width: 33%;">AGE</td> <td style="width: 33%;">DATE OF BIRTH</td> <td style="width: 33%;">DAYTIME PHONE NO.</td> </tr> <tr> <td colspan="2">SEX <input type="checkbox"/> M <input type="checkbox"/> F</td> <td>COUNTY YOU LIVE IN</td> </tr> </table>	SOCIAL SECURITY NUMBER			AGE	DATE OF BIRTH	DAYTIME PHONE NO.	SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN
SOCIAL SECURITY NUMBER										
AGE	DATE OF BIRTH	DAYTIME PHONE NO.								
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN								

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

<p><b>PURPOSE OF CLEARANCE (Check ONE block ONLY)</b></p> <p><input type="checkbox"/> Child Care Services Employee</p> <p><input type="checkbox"/> Foster Care    <input type="checkbox"/> Adoption    <input type="checkbox"/> School Employee</p> <p><input type="checkbox"/> Employment with a significant likelihood of regular contact with children</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> DPW Employment &amp; Training Program Participant (signature required below)</p>	<p><b>PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)</b></p> <p>1. (LAST, FIRST, MIDDLE)</p> <p>2. (LAST, FIRST, MIDDLE)</p> <p>3. (LAST, FIRST, MIDDLE)</p> <p>4. (LAST, FIRST, MIDDLE)</p> <p>5. (LAST, FIRST, MIDDLE)</p>
SIGNATURE OF OIM/CAO REPRESENTATIVE	OIM/CAO PHONE NUMBER

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

1.
2.
3.
4.

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

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

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

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

APPLICANT'S SIGNATURE	DATE
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**PENNSYLVANIA RESIDENT  
VERIFICATION FOR WAIVER OF FBI REPORT**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have lived at your current address for less than 10 years, please list all prior addresses for the past ten (10) years:

Street	State	Dates lived here:

Additional documentation of residency may be required to verify the information provided on this form.

I swear and affirm that I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**VOLUNTEER REQUEST FOR WAIVER OF  
FBI – FEDERAL CRIMINAL HISTORY RECORD CHECK**

I declare under penalty of perjury that the following is true and correct:

1. I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-year period from the date of this document;

2. I have NEVER been named as the perpetrator of a founded report of child abuse;

3. I have NEVER been convicted of one or more of the following types of offenses, including the attempt, solicitation or conspiracy to commit any of the following offenses:

- |   |  |
|---|--|
| a. Criminal homicide                      | l. Indecent exposure   |
| b. Aggravated assault                     | m. Incest  |
| c. Stalking                               | n. Concealing the death of a child                                       |
| d. Kidnapping                             | o. Endangering the welfare of a child                                    |
| e. Unlawful Restraint                     | p. Dealing in infant children  |
| f. Rape                                   | q. Prostitution and related offenses                                     |
| g. Statutory sexual assault               | r. Crimes related to obscene and other sexual materials and performances |
| h. Sexual assault                         | s. Corruption of minors  |
| i. Involuntary deviate sexual intercourse | t. Sexual abuse of children  |
| j. Aggravated indecent assault            |  |
| k. Indecent assault                       |  |

4. Within the 5 year period immediately preceding the date of this document, I have not been convicted of a felony offense under The Controlled Substance, Drug, Device and Cosmetic Act; AND

5. I have not been convicted of an offense similar in nature to those crimes listed under paragraphs 2, 3 or 4 above 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 Pennsylvania.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name