



Volunteer Packet

Sarah Heinz House Keeps



Volunteer Checklist

Our team is dedicated to helping children dream big, achieve personal success and impact their world in positive ways. Thank you for your commitment to join us in this endeavor. Below is a checklist of documents that must be completed and returned as soon as possible so that we are able to complete clearance/background checks before your first day of volunteering. Please return all paperwork to the Human Resources Department once the checklist is complete.

All volunteers must complete and submit the following:

- Volunteer application
- Show Photo ID to Human Resources or Hiring Manager
- Leadership Code of Conduct
- Authorization for Background Screening
- PA Authorization of Child Abuse
- PA Child Abuse Clearance Form (must complete all sections)

If you have been a **continuous resident of Pennsylvania for the past 10 years**, please complete the following item:

- Signed “Disclosure Statement for Volunteers” Statement

If you have **NOT been a continuous resident of Pennsylvania for the past 10 years**, please complete the following item:

- Federal Bureau of Investigation (FBI) report- Pennsylvania Department of Education (PDE)

We are excited to have you be a part of our team! Thank you for joining us in the mission to empower all kids, especially those who need us most, to Laugh, Learn & Lead.

Sincerely,

Sarah Heinz House Staff



Volunteer Packet

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

Date of Packet: _____

Demographic Information

Last Name: _____ First Name: _____ Middle Initial _____

Birthdate (MM/DD/YY): _____ Gender: _____

Address: _____

City: _____ Zip: _____

Race/Ethnicity (please select applicable):

Race/Ethnicity	Select All That Apply
African American	
Asian	
Caucasian	
Choose Not To Report	
Hispanic/Latino	
Multi-Racial	
Native American	
Not Listed	

Current Employer (Company): _____ Job Title: _____

Personal Contact Information

Primary Phone Number: _____ Secondary Phone Number: _____

E-Mail Address: _____

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.			

Volunteer Agreement

All information that I provide in this packet 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 position.

Volunteer Signature

Date

For Office Use Only

Supervisor/Hiring Manager: _____

Application Received By: _____

View/Verify Photo ID of Applicant: _____

Personal Information

Diplomas, Certifications, Licenses or Degrees: _____

Do you speak another language (bilingual) that you could volunteer to assist?

If so, which language? _____

Preferences in Volunteering

If you know what you want to volunteer for please write it here:

(Example: Boys Club or Games Room, 5:00pm-9:00pm)

If you do not know what you would like to volunteer for, please fill out the below information:

Availability & Preference	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (6:00am - 2:00pm)						
Afternoon (2:00pm - 5:00pm)						
Evening (5:00pm - 9:00pm)						

(if available more than one, please rank in order of your preference)

How often would you like to Volunteer?	Selection
Weekly (typically 1-2 hour shifts)	
Monthly	
2-5 Times Per Year	
Once a Year	
Other	

Type of Volunteer Activity?	Selection
With children (Structured program)	
With children (Unstructured program)	
Administrative	
Learning Gardens	
Special Events	
Other	

Grade Range of Children	Age Division	Selection
6 Months - 6 Years Old	Pre-School/Tots	
1 st - 2 nd Grade	Starters	
3 rd - 4 th Grade	Preps	
5 th - 6 th Grade	Juniors	
7 th - 8 th Grade	Intermediate	
9 th - 12 Grade	Middler & Seniors	

Is there a specific staff member that you would prefer to volunteer for? _____

What skill or talents would you like to use as a volunteer? _____



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 or procedure may result in disciplinary action, up to and including suspension or dismissal from the position.

ELIGIBILITY

1. All staff and volunteers shall conform to their department's standards for behavior, appearance, and position requirements and policies.
2. All staff, both adults and teens, understand and acknowledge that they are Mandated Reporters of suspected Child Abuse.
3. Volunteers generally must be in 5th grade or older. All Volunteers must provide required clearances or authorization for SHH to conduct clearance check.
4. Volunteers are strongly encouraged to "SEE SOMETHING, SAY SOMETHING": if they become aware that any individual in the Heinz House Community may be in any type of danger, to please pass that information along to a Fulltime Staff member, so that we might provide support or protection to that individual.

LEADERSHIP EXPECTATIONS & CODE OF CONDUCT

Leadership is an integral part of the Boys and Girls Clubs 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, emotional, and moral development of its members. It is within this context that the following Code of Conduct is presented. As a leader and role model, I understand that it 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. Win with character, lose with dignity.
6. Try to stay informed of and help to promote upcoming special events and programs around the building.
7. Be on time for all commitments. If you cannot make it on any given day, please inform your supervisor with as much advance notice as possible, so they may plan accordingly.
8. It is the responsibility of each volunteer and staff member to log his/her own hours.

CODE OF CONDUCT

1. Maintain a high level of safety awareness. Be aware of Crisis response and Crisis Communication Plans, First Aid Kits, incident reports procedure, and emergency exits.
2. Report all dangerous situations to staff immediately.
3. Show respect for all members including peers, staff, volunteers, and yourself.
4. Respect the integrity, judgment, and authority of your supervisor.
5. Upon entering the facility volunteers and staff are expected to wear their SHH ID Badge at all times.
6. Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
7. Public displays of affection are prohibited.
8. Adhere to and enforce the established rules and standards of Sarah Heinz House.
9. Respect the facility and equipment and use it safely and appropriately.
10. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs. Volunteers and Staff cannot report to SHH under the influence of any controlled substances.
11. Refrain from the acts of bullying, teasing, fighting and slanderous remarks towards members, staff, volunteers, and the organization.

LEADERSHIP CODE OF CONDUCT
(continued)

- 12. 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.
- 13. Exhibit positive initiative and demonstrate a high level of quality 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 a volunteer and/or staff member that any infraction of policy or this Code, can result in suspension and/or termination. I/We also understand infractions are transferrable across all departments within Sarah Heinz House.

Staff/Volunteer Signature

Date

Parent/Guardian Signature of Minors

Date

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 certification through the Federal Bureau of Investigation (FBI), 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.

OR

~ My current Pennsylvania run FBI Fingerprint Clearance is still within the 3 year period prescribed by Sarah Heinz House requirements.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency within the last three years, I must provide a copy of the certification to Sarah Heinz House and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 36 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below 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 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 statutes 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.

OJP Directive	Voyeurism
Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
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 swear/affirm that 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 certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications 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 certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand and agree to disclose any future criminal convictions or violations.

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 certifications.

PA Residency Start Date: _____

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.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____



Consumer Report & Background Screening **Authorization**

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 First Advantage, Inc. and/or any other agency Sarah Heinz House chooses to use, on behalf of Sarah Heinz House, to procure a consumer report a 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.

Full Name Aliases (including: maiden/ married names)

Street Address City State Zip Code

Social Security Number Date of Birth Gender Race

Signature Date



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

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

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

I understand that this information is confidential in nature pursuant to §6339 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and is not otherwise to be released by (Sarah Heinz House) without my expressed authorization or pursuant to Section 3490.126 of
Name of Requesting Agency

Title 55 of the Pennsylvania Code which states this information is confidential and the requesting agency can be held criminally liable for a breach of confidentiality related to release of this information. **I also understand that the**

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

on the Pennsylvania Child Abuse History Certification application. I understand that I will not receive a copy of my Pennsylvania Child Abuse History Certification directly from ChildLine; however, I may request a copy of my Pennsylvania Child Abuse History Certification from (Sarah Heinz House) upon written request.
Name of Requesting Agency

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Certification application as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database for child abuse that my consent allows the result stating such information to be shared with the agency/organization noted on next page.

Please send my certification result(s) to:

Agency Name: Sarah Heinz House

Agency Street Address: 1 Heinz St.

Agency City, State, Zip Code: Pittsburgh, PA 15212

Date

Applicant's Signature

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

Christopher Cavendish

Date

Agency's Representative Signature

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

Revised 12-29-15

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

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

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

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

PURPOSE OF CERTIFICATION (Check one box only)

<input type="checkbox"/> Foster parent <input type="checkbox"/> Prospective adoptive parent <input type="checkbox"/> Employee of child care services <input type="checkbox"/> School employee governed by the Public School Code <input type="checkbox"/> School employee not governed by the Public School Code <input type="checkbox"/> Self-employed provider of child-care services in a family child-care home <input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service <input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program <input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year	<input type="checkbox"/> Volunteer having direct volunteer contact with children If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE: <input type="checkbox"/> Big Brother/Big Sister and/or affiliate <input type="checkbox"/> Domestic violence shelter and/or affiliate <input type="checkbox"/> Rape crisis center and/or affiliate <input type="checkbox"/> Other: _____ <input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">OIM/CAO PHONE NUMBER</div> </div>
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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
			— <input type="checkbox"/> <input type="checkbox"/>
SOCIAL SECURITY NUMBER	GENDER	DATE OF BIRTH (MM/DD/YYYY)	AGE
—	Male Female Not reported		

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.)		CY 113 12/15

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.	Parent Guardian person(s) who raised you			
2.	Parent Guardian 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

INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION

General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of “volunteer having direct volunteer contact with children” may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant’s child abuse history certification application.

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

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

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

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

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

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

Applicant Demographic Information:

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

Address:

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

Contact Information:

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

Previous Names Used Since 1975:

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

Previous Addresses Since 1975:

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

Household Members:

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

Signature:

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

CHILDLINE USE ONLY:

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

Additional Information:

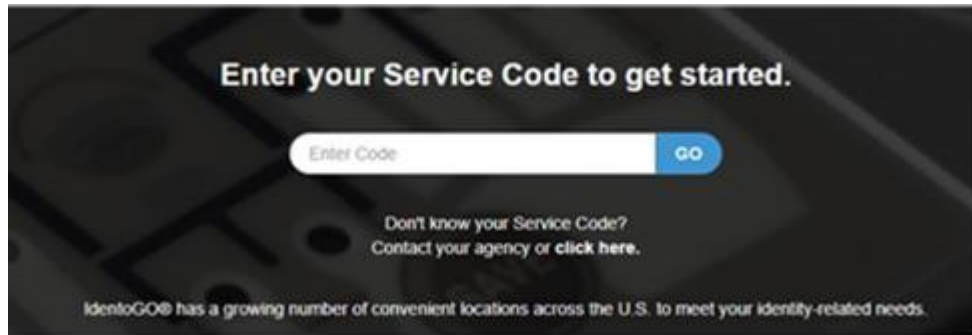
Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.

Consumer Report & Background Screening **FBI Fingerprint Clearance Instructions**

At Sarah Heinz House, every Employee, and all Volunteers who do not meet the requirement for the FBI Fingerprint Waiver are required to have their FBI Fingerprint Clearance. If you do not have an active Clearance; use the steps below to schedule your appointment for fingerprinting.

Instructions to obtain FBI Fingerprint Clearance for Department of Human Services

1. Enter 'Service Code' on page: <https://uenroll.identogo.com/>
 - Volunteer Service Code: 1KG6ZJ



2. Select 'Schedule or Manage an Appointment'
3. Follow prompts to provide contact and personal information
4. Select Personal Identification method which you'll bring to the Fingerprinting site.
Ex. Driver's License, Passport, etc.
5. Select Fingerprinting Site location. Choose 'appointment time' or 'walk-in.'
6. Take the confirmation email to the selected Fingerprinting location and conduct fingerprinting.

You'll pay for the Fingerprinting at the location, please keep a receipt of the purchase and submit to Human Resources Department (along with attachment) so we can reimburse you.



Consumer Report & Background Screening **FBI Fingerprint Clearance Reimbursement Request**

Date: _____

Employee/Volunteer Name: _____

Amount: _____

Signature of Employee/Volunteer Requesting Reimbursement

By signing above, I certify that these expenses are true and accurate and were incurred in support of Sarah Heinz House programs and objectives.

I also agree that these expenses will be reimbursed via a non-taxable addition to my next payroll check/deposit or via check.

Signature of Employee/Volunteer's Supervisor

By signing above, I certify that I have reviewed and approve of these expenses and the reimbursement thereof.

Receipts and the FBI fingerprinting result must accompany all expense reimbursement requests and be attached to this form.

Employees/Volunteers should keep a copy for their records.