Penn State **Extension**

LETTER TO VOLUNTEERS

DATE

NAME
ADDRESS

Dear _____,

Penn State Extension youth programs contribute significantly to the education of Pennsylvania's youth. Each year, youth receive instruction through the teaching and counseling of outstanding adult and teen volunteer leaders in all areas of our Extension program. We can all be proud of the strong youth involvement in our programs.

All of us want to provide quality educational experiences for our young people. We also want to address issues concerning the well-being and safety of youth involved in our program. To help us identify volunteers who can help us reach these goals, we have an application process to assess the skills you bring to our program and to ensure a safe environment for youth involved in our program. Through use of the application process, we are able to appropriately place you within our program. Appropriate placement helps to ensure that your skills and talents are put to the best use and that you are able to gain a sense of satisfaction and accomplishment from your work.

Enclosed is the volunteer application form which must be filled out and returned by **___(DATE)___** to the Penn State Extension Office in (Name) County. The information you provide will be reviewed and kept in a confidential file. A volunteer code of conduct has also been enclosed. Note that when you are signing the application form you are acknowledging your understanding that you will be automatically suspended, pending further investigation, from participating as a volunteer if there is any question concerning violation of the Volunteer Code of Conduct or local, state, or national laws.

Individuals who desire to become a volunteer for Extension youth programs will need to complete an application form, complete the PA State Police Criminal Record Check (Act 34) and the PA Child Abuse History Clearance (Act 33), have references checked and participate in the interview process before being cleared to become a volunteer. Potential volunteers may provide originals of Act 33 or 34 clearances if they are available and have been completed within the last year.

Attached you will find the application and instructions on how to obtain the PA State Police Criminal Check and PA Child Abuse History Clearance. Please complete the application and return. Once you have received both of your clearance forms back from the proper agencies, please bring the originals to the Extension Office. Once we have received both clearances and reference checks, you will be contacted to schedule your interview.

A stamped, self-addressed envelope is enclosed for your convenience. If you have any questions, please call our office at 570-265-2896. Because of our concern for the welfare of everyone in this matter, we must have this information returned before people can serve as Penn State Extension youth program volunteers.

Sincerely,

Amberleigh Packard
4-H Coordinator
Penn State Extension
Bradford County Office
200 Main Street, Suite 3
Towanda, PA 18848

Phone: 570-265-2896
Email: ayp10@psu.edu
Web: extension.psu.edu/bradford

Enclosures

Penn State **Extension**

Club Name:_____
Project(s):_____

YOUTH DEVELOPMENT PROGRAM
VOLUNTEER APPLICATION AND SCREENING FORM

CONFIDENTIAL

Please complete form, sign it, and return it to:
Penn State Extension Office - Bradford County
200 Main Street, Suite 3
Towanda, PA 18848
by ____(DATE)_____

If you need assistance in completing this form, contact the **Penn State** Extension Office.

Name _____ Home Phone (_____)_____
Work Phone (_____)_____
Cell Phone (_____)_____

Address _____

City _____ State _____ Zip _____

Email address_____

If you have lived at the current address less than 3 years, please provide previous address:

Address: _____

City/State/Zip: _____

I am interested in volunteering for:
□ 4-H Club Leadership; □ Activity Leadership for _____; □ Camp;
□ Chaperone for _____; □ 4-H Program Development Council; □ Other _____

Please answer the following questions:

1. What is your experience working with youth?

2. What skills and interests do you bring to this volunteer position?

3. Why do you want to take part in volunteer activities?

4. What volunteer experience do you bring to this position?

5. Do you have a valid driver's license? YES NO
License number _____ _____ State issued_____
Has your license ever been revoked or suspended? YES NO
If yes, Describe the circumstances

6. Do you have a current PA Act 33 or 34 Clearance? _____ YES _____ NO
If YES, date granted _____ (Attach original of current Act 33 or 34 clearances.)

Have you had clearance from another youth-serving agency within the last year?
_____ YES _____ NO
If YES, date granted _____ (Attach copy of current agency certification)

7. Background screening:
   a. Do you currently use illegal drugs? YES NO
      If yes, provide details.

   b. Do you abuse the use of alcohol? YES NO
      If yes, provide details.

   c. Have you ever been convicted for the use or sale of drugs? YES NO
      If yes, provide details.

   d. Have you ever been convicted of child abuse or neglect? YES NO
      If yes, provide details.

   e. Have you ever been convicted of a criminal offense other than those listed in c or d? YES NO
      If yes, please explain:

Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? If yes, please explain:

_____

_____

_____

_____

Applicant's Name:_____

Character References: Please list three character references. **A spouse, immediate family member, or Extension staff member should not be used as a character reference**. Please include complete names, addresses, phone numbers and relationship of reference to applicant *(i.e. friend, co-worker, supervisor, etc.):*

1. Name: _____

   Address _____

   City _____ State _____ Zip _____

   Phone: _____ Email _____

   Relationship to Applicant: _____

2. Name: _____

   Address _____

   City _____ State _____ Zip _____

   Phone: _____ Email _____

   Relationship to Applicant: _____

3. Name: _____

   Address _____

   City _____ State _____ Zip _____

   Phone: _____ Email _____

   Relationship to Applicant: _____

Comments/Explanations:

I, the undersigned, understand that the information I have provided will be verified by contacting persons or organizations named on this form, by doing a criminal history and child abuse check, and I hereby release from liability any person or organization that provides information concerning me to the representatives of the Youth Development Program of the Penn State Extension Office- (name) County. I also understand that I will be automatically suspended, pending further investigation, from participating as a volunteer if in the future there is any question regarding my violation of the Volunteer Code of Conduct or local, state, or national laws. In signing this form, I affirm that the information I have given herein is true and correct.

Your signature _____ Date _____

This publication is available in alternative media upon request.

The Pennsylvania State University is committed to the policy that all persons shall have equal access to programs, facilities, admission, and employment without regard to personal characteristics not related to ability, performance, or qualifications as determined by University policy or by state or federal authorities. It is the policy of the University to maintain an academic and work environment free of discrimination, including harassment. The Pennsylvania State University prohibits discrimination and harassment against any person because of age, ancestry, color, disability or

handicap, genetic information, national origin, race, religious creed, sex, sexual orientation, gender identity, or veteran status and retaliation due to the reporting of discrimination or harassment. Discrimination, harassment, or retaliation against faculty, staff, or students will not be tolerated at The Pennsylvania State University. Direct all inquiries regarding the nondiscrimination policy to the Affirmative Action Director, The Pennsylvania State University, 328 Boucke Building, University Park, PA 16802-5901; Tel 814-865-4700/V, 814-863-0471/TTY.

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4-H Coordinator
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Email: ayp10@psu.edu
Web: extension.psu.edu/bradford

Penn State **Extension**

Applying for Act 33 and 34 Clearances

PA State Police Criminal Record Check (Act 34)

- Can be done on line using a credit card
- Will get an instant reply that can be printed off
- Suggestion- complete the hard copy form first to make sure you have all of the information before going on-line
- Reason for request- check volunteer
- Will print results page and a separate receipt page

Link- https://epatch.state.pa.us/Home.jsp *or*
http://www.portal.state.pa.us/portal/server.pt?open=512&objID=4451&PageID=458621&mode=2

PA Child Abuse History Clearance (Act 33)

- Complete State Police Criminal Record first- need a copy of results page to send in with Child Abuse History Clearance
- Complete front page, section 1 only
- Mark volunteer under Purpose of Clearance
- Previous Address- can be city and state if exact address cannot be remembered
- Household Members-
  - ✓ List parents even if deceased
  - ✓ If grandparents were legal guardians
  - ✓ List them as grandparent/guardians
  - ✓ If in foster care- can put foster care and list the year if you do not remember foster family name;
  - ✓ Do not need to list college or military roommates

- Must sign and date
- Complete Consent/Release form to have report sent directly to Extension Office
- Send in $10.00 money order or company check

Enclosures:
PA State Police Criminal Record Check
PA Child Abuse History Clearance
Consent/Release of Information Authorization Form for PA Child Abuse History Clearance

Penn State is committed to affirmative action, equal opportunity and the diversity of its workforce.

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.

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I — APPLICANT IDENTIFICATION

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

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER		
AGE	DATE OF BIRTH	DAYTIME PHONE NO.
SEX ☐ M ☐ 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.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- ☐ Child Care Services Employee
- ☐ Foster Care ☐ Adoption ☐ School Employee
- ☐ Employment with a significant likelihood of regular contact with children
- ☐ 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).
- ☐ DPW Employment & Training Program Participant (signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE — OIM/CAO PHONE NUMBER

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

1. (LAST, FIRST, MIDDLE)
2. (LAST, FIRST, MIDDLE)
3. (LAST, FIRST, MIDDLE)
4. (LAST, FIRST, MIDDLE)
5. (LAST, FIRST, MIDDLE)

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

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II **RESULTS OF HISTORY CHECK**

☐ APPLICANT IS **NOT** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.

☐ APPLICANT **IS** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.	–	3.	–
2.	–	4.	–

VERIFIER _____ DATE _____ VERIFIER'S SUPERVISOR _____ DATE _____

SECTION III **VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES**

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

☐ Applicant is named as the perpetrator of a **founded** child abuse or school employee report which occurred in the last five years.

☐ Applicant is named as the perpetrator of a **founded** child abuse or school employee report which occurred over five years ago.

☐ Applicant is named as the perpetrator of an **indicated** child abuse or school employee report.

☐ Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

☐ Record exists and contains convictions which prohibit hire in a child care position. Report attached.

☐ Record exists, but convictions do not prohibit hire in a child care position. Report attached.

☐ Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.

☐ No record exists. Report attached.

FBI CLEARANCE

☐ Record exists and contains convictions which prohibit hire in a child care position. Report attached.

☐ Record exists, but convictions do not prohibit hire in a child care position. Report attached.

☐ Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.

☐ No record exists. Report attached.

☐ No FBI clearance required.

VERIFIER _____ DATE _____ VERIFIER'S SUPERVISOR _____ DATE _____

DIRECTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE APPLICATION:

1. Applicants are to complete Section I only.
2. Type or print clearly and neatly in ink only.
3. The space for the applicant's name must be the applicant's full legal name. An initial is not acceptable for a first name. The address listed must be applicant's current home address. This is also where the results of the clearance will be mailed.
4. The applicant's Social Security number is voluntary. If filling in the Social Security number please fill in the entire Social Security number.
5. Age – Fill in the applicant's current age.
6. Date of Birth – Fill in the applicant's date of birth (Example: 01/22/1990).
7. Daytime Phone Number – Fill in the number for where the applicant can be reached in the event that there are questions about the information on the application.
8. Sex – Check the appropriate box for male or female.
9. County You Live In – Fill in the name of the county where you reside (this should be the county for the address that the applicant filled in the space on the left of this section).
10. **Purpose of Clearance** – Do not check more than one block:
    a. Check the Child Care box if planning to work in a day care or child care setting.
    b. Check the Foster Care box if applying as a prospective foster parent.
    c. Check the School Employee box if seeking to have involvement within a school (public, private, vocational, or technical) for employment or volunteer purposes OR check this box if a child abuse clearance is needed due to enrollment in an educational program such as a nursing school or technical program.
    d. Check the Adoption Block if in the process or planning to adopt a child.
    e. Check Employment With A Significant Likelihood of Regular Contact With Children if NONE of the other options relate to why a child abuse clearance is needed.
    f. Check the Volunteers box if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League, or churches. As noted on the form, if the Volunteer box is checked, the applicant must also attached A COPY of the RESULTS from their PA State Police Criminal History Record Check. Do not send original criminal record results because the original cannot be returned. If the applicant is not a current Pennsylvania resident, the applicant must also attach a copy of their FBI Criminal History results obtained within the past year.
    g. Check the DPW Employment & Training Program Participant box if the applicant is participating in a Department of Public Welfare employment and training program through a county assistance office, or CAO, or the Office of Income Maintenance, OIM. The signature **AND** phone number of the CAO or OIM representative is required.
11. 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, aliases and also known as (aka) names.
12. 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 will be acceptable.
13. Household Members - Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). If the applicant was under the age of 18 in 1975 this section must include other household members who lived with the applicant or with whom the applicant lived. Please note the household member's relationship to the applicant, their age (to the best of your knowledge) and their sex. Applications where this section is left blank will be rejected and returned to the applicant.
14. Applications must be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.
15. Enclose a $10.00 money order for each application. No cash or personal checks will be accepted. Agency or business checks are acceptable.
16. Do not send any postage paid return envelopes for us to return your results. Results are issued through an automated system generated mailing process.

Note: Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. Failure to comply with the above instructions will cause considerable delay in processing the results of an applicant's child abuse clearance.

SP 4-164 (7-2009)

PENNSYLVANIA STATE POLICE

REQUEST FOR CRIMINAL RECORD CHECK

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

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

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER

AFTER COMPLETION MAIL TO:

PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

Local Number 717-425-5546

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

DO NOT SEND CASH OR PERSONAL CHECK

CHECK ONE BLOCK

☐ INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF $10.00, PAYABLE TO: *"COMMONWEALTH OF PENNSYLVANIA"*
THE FEE IS NONREFUNDABLE

☐ FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

			-				-				

NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

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

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

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

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

☐ **ACCESS & REVIEW** - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919

How to submit an online request for Criminal History: Act 34

Website https://epatch.state.pa.us/Home.jsp

PATCH Help Line (toll free) 1.888.783.7972

To perform a record check request, at a minimum you must furnish the subject's Name and Date of Birth. The subject's Social Security Number, Sex, Race, Maiden Name, and/or Aliases may also be entered as additional identifying information. Once a criminal history check has been requested, one of the following possible responses will be immediately received: **Pending, No Record, or Request Under Review.**

A **Pending** response indicates that a response from the Criminal History system did not come back quick enough. If you received a Pending response, please check the status of this request at a later time.

A response of **No Record** indicates that, based on the data entered by the user, that there is no criminal history information contained in the files of the Pennsylvania State Police Central Repository.

A response of **Request Under Review does not** indicate a criminal record. PSP will subsequently mail a letter explaining whether the response indicates a criminal record.

Submitting a Request for Criminal History

1. Select the New Record Check option from the Record Check drop down list at the top of the page or click on the Record Check hyperlink at the bottom of the page.
2. PATCH will display the Terms and Conditions surrounding its use. Read and accept these Terms and Conditions in order to proceed with record request submission.
3. Complete the personal information form and click on the Next button - Reason For Request (select from the drop down list – last item Volunteer), Name, Address and Telephone Number are required fields.
4. PATCH will display the personal details entered in the last step. Review the details. Click on the Back button if any of the information needs to be changed. Otherwise, click on the Proceed button.
5. Complete the Record Check Request form - Name and Date of Birth are required fields. Click on the Enter this Request button to add the request to the record check request queue. Up to 10 record check requests can be added to this queue. Click on the Finished button once all the record check requests have been entered. If any of the entered record checks need to be modified, click on the hyperlink to display the list of entered requests and click on the name of the subject that needs to be modified. Make the necessary changes and click on the Finished button.
6. PATCH will display a summary listing of the record check requests in the queue. Details on the request can be viewed by clicking on the corresponding Subject Name. If necessary, more requests can be added by clicking on the Add Request button. Otherwise click on the Submit button to proceed to payment. The charge is $10.00 per record check request.
7. Complete the Credit Card Information form. PATCH accepts Visa, Discover, Master Card and American Express. Name, Address, Credit Card Type, Credit Card Number, Card Verification Method (CVM) number and Expiration Date are required. Click on the Next button once the form has been completed.
8. PATCH will display the Credit Card information entered in the last step. Review the details. Click on the Back button if any of the data needs to be changed. Otherwise, click on the Submit button. At this point PATCH will charge the credit card entered for the amount shown. Once the submit button is clicked, this transaction will be processed. This cannot be undone. The processing of the requests may take a

moment, please be patient and **do NOT click the submit button again.** If the record check transaction fails for some reason, contact the PATCH Help Line toll-free at (1-888-783-7972) to request a refund.

9. PATCH will display a summary listing of the Record Check Results. Details on the record check result can be viewed by clicking on the corresponding Subject Name. Click on the Invoice Number in the Record Check Details page to access a printable invoice. **Click on Certification Form in the Record Check Details page to access a printable certificate validating that a record check was conducted for the individual.** Please note down the Control Number and the Request Date; this information will be required in order to inquire on the status of a record check.
10. PATCH will show a No Record status if there are no records found for the request. Otherwise it will return a Request Under Review response. A Request Under Review response **does not** indicate a criminal record. PSP will subsequently mail a letter explaining whether the response indicates a criminal record.