2021

**OFFICE USE ONLY**

□ Children/Youth in

 GECKOS/Sunday School

□ Chrysalis Youth

□ FISH/Confirmation Youth

□ Childcare/Stay & Play

□ Volunteer Drivers

□ Other

□ HAS attended Safe Church Training

□ HAS returned Clearances

□ HAS returned Affidavit

State College Presbyterian Church

Volunteers with Children and Youth

Application Form

This information form is used to help State College Presbyterian Church (SCPC) provide a safe and secure environment for its children and youth, as well as leaders who participate in its programs and use its facilities. Before undertaking any position involving the supervision of children or youth, individuals will complete this form, attend the next available Safe Church training, and have the required clearances (listed on page 3). To be considered as a volunteer working with children or youth, a person must be actively attending State College Presbyterian Church for at least 6 months. The information obtained from this form is for the use of State College Presbyterian Church only.

Those applying to be LIT’s (Leaders In Training) also need to have parents sign this form in the parental consent portion.

At the conclusion of this form, please see instructions about the Safe Church training and how to obtain clearances if you do not already have them.

Applicant’s Name

Address

Home and cell phone numbers

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Employer

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list the areas in which you would like to volunteer at SCPC:

1. List any health-related training and certifications (CPR, first aid, lifeguard, EMT, etc.)

1. List two references who are not family members, and are not already a part of this congregation:

Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Email (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Email (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

1. In caring for children and youth, we believe it is our responsibility to seek adult volunteer staff that is able to provide healthy, safe, and nurturing relationships. Please answer the following question accordingly. Answering yes to the question will not automatically disqualify a person from volunteering in our church. Any special concerns can be discussed individually with the pastoral staff.

Have you even been convicted of or pled guilty to a crime, either misdemeanor of a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations?) \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parental Consent for applicants age 17 and younger:**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to volunteer at SCPC, and to participate in the LIT program with our LOGOS GECKOS and/or Chrysalis program.

Parent’s printed name:

Parent’s signature:

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

****

Required clearances - please check those that apply: Apply for clearances and register for fingerprinting (if needed) at <http://keepkidssafe.pa.gov/resources/clearances/index.htm>

\_\_\_\_\_\_\_ I have a Criminal Background Check and I will provide a copy to SCPC.

\_\_\_\_\_\_\_ I have a PA Child Abuse Clearance History Check and I will provide a copy to SCPC.

\_\_\_\_\_\_\_ I do not have my clearances *and* I will apply for those and give a copy to State College Presbyterian Church when I receive them.

\_\_\_\_\_\_\_ I have lived in PA *less than* 10 years and I will need to submit a fingerprint clearance.

\_\_\_\_\_\_\_ I have lived in PA for *10+ years* and will sign the volunteer affidavit attached to this form.

For those interested in being drivers:

\_\_\_\_\_\_\_ I am willing to drive youth to/from events during the course of the program year if the dates work with my schedule, and I have a legal license to drive.

(*Drivers must be 25 years of age*)

**To be completed by ALL:**

You are almost done! At this point, please go to our church website, specifically to: <https://www.scpresby.org/safeguarding-our-children.html>

--  And click on the link to sign up for one of the Safe Church training sessions.

*(Here you will also find information on how to get clearances)*

* I have signed up for a training session! (offered in Fall and February each year)

Applicant’s statement: The information provided in this application is correct and complete to the best of my knowledge. I authorize SCPC to contact the references provided. I agree to follow the policies set forth in the Safe Church training/handbook that I will receive at a training event. I understand that any violation of this policy may result in the termination of my volunteer service.

Applicant’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Please turn this form and copies of clearances in to the church office on the main level, or place in the box marked STAFF located just outside the door if the office is locked (please block out any personal ID numbers on clearances). OR … you can send them via email to:* *deanninescpc@gmail.com* *or* *marthascpc@gmail.com**.*

**Act 153 Volunteer Affidavit**

I attest to the following statements in lieu of obtaining the FBI clearance as allowed by Act 153 of 2014 for volunteers:

1. I am applying for the position of an unpaid, volunteer position with the State College Presbyterian Church.

2. I have been a resident of the Commonwealth of Pennsylvania for the entirety of the ten (10) year period immediately preceding the date of this Affidavit.

3. I am not disqualified from service as a volunteer as a result of a conviction of one or more of the following offenses listed under Title 18 of the Pennsylvania crimes code, or the attempt, solicitation or conspiracy to commit any of the following offenses:

a. Criminal homicide (Chapter 25);

b. Aggravated assault (Section 2702);

c. Stalking (Section 2709.1);

d. Kidnapping (Section 2901);

e. Unlawful restraint (Section 2902);

f. Rape (Section 3121);

g. Statutory sexual assault (Section 3122.1);

h. Involuntary deviate sexual intercourse (Section 3123);

i. Sexual assault (Section 3124.1);

j. Aggravated indecent assault (Section 3125);

k. Indecent assault (Section 3126);

l. Indecent exposure (Section 3127);

m. Incest (Section 4302);

n. Concealing death of a child (Section 4303);

o. Endangering welfare of children (Section 4304);

p. Dealing in infant children (Section 4305);

q. Felonies related to prostitution (Section 5902 (b));

r. Obscene and other sexual materials/performances (Section 5903(c));

s. Corruption of minors (Section 6301); or

t. Sexual abuse of children (Section 6312).

4. I have not been convicted of an offense similar in nature to those offenses listed in Paragraph 3 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 of this Commonwealth.

5. I am not disqualified from service as a volunteer as a result of a felony conviction for violation of the Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. § 780-101 et seq.) during the five (5) year period immediately preceding the date of this Affidavit.

6. I have not been named as a perpetrator of a founded report in the Pennsylvania Statewide Database for an act of child abuse committed within the five-year period immediately preceding the date of this Affidavit.

I hereby affirm that the information in this affidavit is true and correct to the best of my knowledge and belief and that the signature is being made subject to 18 Pa.C.S.A. § 4903 relating to crimes for false sworn statements which is a misdemeanor of the third degree punishable by up to one-year imprisonment.

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Affiant Printed Name Affiant Signature

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Witness Printed Name Witness Signature