

St. John's UCC Safe Church Clearance Checklist

Thank you for your interest in being a volunteer or staff member at St. John's. By completing the proper paperwork explained below, you will be able to volunteer and/or be employed in the various programs and activities for children, youth, and vulnerable adults.

Anyone **18 years of age or older wishing to serve as a Volunteer** in the St. John's Nursery School or in any other ministry or program of St. John's serving children, youth, or vulnerable adults shall...

Complete the following:

- Volunteer/Staff Information Form (Form 2.00A)
 - Authorization for the Conduct of Criminal Records and Background Checks and Release of Liability (Form 2.00B)
 - If under 18 years of age, a Parent/Guardian signature is required on the first 2 forms noted above
 - Pennsylvania State Police Request for Criminal Record Check * (Form 2.00C)
 - Pennsylvania Child Abuse History Clearance * (Form 2.00D)
 - The Office Manager will search the Sex Offender Registry on the Department of Justice website
 - Submit a report of Federal Criminal History Record, obtaining of which requires submitting a full set of fingerprints to the F.B.I. (Form 2.00E1) **OR** Attestation of Residency if lived in Pennsylvania for 10 years or more. (Form 2.00E2)
 - Submit completed forms (listed above) to the Office Manager
-

Anyone **applying for employment** by St. John's shall complete the following...

- Volunteer/Staff Information Form (Form 2.00A)
 - Authorization for the Conduct of Criminal Records and Background Checks and Release of Liability (Form 2.00B)
 - Pennsylvania State Police Request for Criminal Record Check * (Form 2.00C)
 - Pennsylvania Child Abuse History Clearance*(Form 2.00D)
 - The Office Manager will search of Sex Offender Registry on the Department of Justice website
 - Submit a report of Federal Criminal History Record, obtaining of which requires submitting a full set of fingerprints to the F.B.I. (Form 2.00E1)
 - Submit completed forms (listed above) to the Office Manager
-

* Applicant may process these forms independently.

St. John's Safe Church Clearance

Federal Criminal Record Check with Fingerprinting

*Please note:

Employees- this is a requirement

Volunteers- this is only required if you have not lived in PA for the last 10 consecutive years. If you have lived in PA for the last 10 consecutive years, please fill out the "Attestation of Residency" form

Fingerprinting Process

- Appointments to be fingerprinted are not required, but pre-registration is required either online or by phone.
- To register online, please go to www.identogo.com ; by telephone please call 1-844-321-2101 and listen to the options menu.
- You will need to enter a service code:
 - Volunteers: 1KG6ZJ
 - *Please note the "DHS Volunteer" service code would include all volunteer services. It is titled "DHS" because it is a DHS, Child Protective Services Law requirement.*
 - Employee: 1KG738
- For Franklin county, once registered, you may walk-in to the IdentoGo enrolled center at:

Chambersburg Recreation Department
235 S 3rd St
Chambersburg, PA 17201-2524

Hours:

Monday – Wednesday: 09:00 AM – 12:00 PM & 01:00 PM – 04:50 PM

Thursday: 01:00PM – 04:50 PM

Friday: 09:00 AM – 01:00 PM

STEPS FOR COMPLETING CRIMINAL AND CHILD ABUSE CLEARANCES

Criminal Record Check:

Online:

- Go to the website epatch.state.pa.us
- Volunteers: Click "New Volunteer Record Check"
Employees: Click "Submit a New Record Check"
- Follow online directions to complete and submit record check
- Once submitted, and your status no longer says "pending", click on your control number to view your record
- Click "Certification Form"
- Print and submit to the office

Child Abuse History Check:

Online only:

- Go to the website
www.compass.state.pa.us/cwis/public/home
- If you **do not** have a compass account: Click "Create individual account" and follow directions to create an account. Then go back to the website above and click "Individual Login"
If you already **have** a compass account: Click "Individual Login"
- Click "Access my clearances"
- You will have to follow directions given to update password and then log in again.
- Click "Create clearance application"
- Follow online directions to complete record check
- You will receive an email stating your clearance is available within 10 business days.
- Use link in email to obtain clearance by logging in and then clicking "Your application has been processed. To view results click here".
- Print and submit to the church office

St. John's United Church of Christ

Volunteer/Staff Information FORM:

Date of application: _____

Personal Information

Full Name: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
Zip Code

Home Phone: () _____ Alternate Phone: () _____

Date of Birth: / / _____ Email Address: _____

In what ways are you interested in serving as a volunteer? Church Nursery, Sunday School, Camp, VBS, mentor, youth events, music program, Nursery School _____ (list others that apply)

** (IF 18 OR OLDER): Are you willing to drive for youth events? Yes OR No Do you have liability insurance? Yes OR No

If driving a bus, do you have a "P" endorsement? Yes OR No

Do you want considered for renewal in 5 years when this certification expires? Yes OR No

Emergency Contact Information

Full Name: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
Zip Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

For Office Use Only

	Date Received	Reviewed By:	Record Clear	
Completed Volunteer Information Form				
Authorized for Conducting Background Checks				
PA Child Abuse History Clearance			Yes ___	No ___
PA Criminal Record Check			Yes ___	No ___
F.B.I. fingerprint Federal Criminal History Record			Yes ___	No ___
Attestion of Residency Waiver			Yes ___	No ___
Mandating Report Training Certificate			Yes ___	No ___
Search of Sex Offender Registry performed: www.nsopr.gov			Yes ___	No ___
** Driver's License must bear "P" endorsement if driving a bus.			Yes ___	No ___

Card Issue Date _____

Expires: _____

"Not Clear" report(s) discussed with a Pastor	Date _____	Confirmed by _____
Authorization to serve re children, youth, or vulnerable adult		
* GRANTED _____ DENIED _____	by Pastor _____	
	<i>Pastor's Signature</i>	
* Line to be completed by a Pastor only if "adverse information" is received		

Applicant provided with documentation of authorization or denial

Date _____ Confirmed by _____

Disclosure - This section for Applicants under 18 years of Age:

I have been a member of this church since _____

OR

I have been a friend of this church since _____

I attest that the information set forth in this application is true and complete to the best of my knowledge.

(Print Name)

(Signature)

Date

I/We, _____, the parent(s) or guardian (s) of _____
know of no reason why my/our child should not be entrusted with the responsibilities of this position.

I understand that when my child turns 18, I am authorizing full background checks of PA Child Abuse, PA Criminal and Sex Offender Registry on her or her.

(Parent/ Guardian Signature)

Date

St. John's United Church of Christ
1811 Lincoln Way East
Chambersburg, PA 17202

**AUTHORIZATION FOR THE CONDUCT OF CRIMINAL RECORDS
AND
BACKGROUND CHECKS AND RELEASE OF LIABILITY**

I, _____, understand that any felony criminal conviction and any criminal conviction and/or adverse information relating to children, youth, or vulnerable adults (hereinafter collectively referred to as "Adverse Information") will disqualify me from being employed by St. John's UCC or from being authorized to serve as a volunteer in any ministry or program provided or sponsored by St. John's UCC serving children or youth or in one serving or ministering to vulnerable adults. I understand that a conviction for driving under the influence ("DUI") or a similar alcohol-related driving conviction within the last five (5) years will disqualify me from transporting children, youth, and vulnerable adults. I understand that the persons at St. John's UCC responsible for reviewing background check reports on prospective employees and on persons seeking authorization to serve as volunteers will be notified if, based on the criteria set forth above, my record disqualifies me from being employed by St. John's UCC or from being authorized to serve as a volunteer in any ministry of St. John's UCC serving children, youth, or vulnerable adults.

Authorization to Obtain and Disclose Background Information

I hereby authorize St. John's United Church of Christ, Chambersburg, PA to secure the following background checks:

- Child Abuse History Clearance report from:
 - PA
 - One or more additional states if deemed necessary or advisable
- Criminal History Record Check report from
 - PA
 - One or more additional states if deemed necessary or advisable
- A search of my name on the U.S. Department of Justice website at www.nsopr.gov

Further, I authorize St. John's UCC, if deemed by the persons at St. John's UCC responsible for reviewing background check reports to be needed or advisable, to contact a background investigation company to request disclosure of, and to obtain from them, information about me regarding my record of charges, convictions, or other Adverse Information contained in their files or maintained about me in any criminal file or any other file, regardless of whether the file containing Adverse Information is a local, state, or national file.

I hereby authorize St. John's UCC to secure, or require of me, a report of Federal criminal history record information, the securing of which report, I have been informed, **requires that I submit a full set of fingerprints to the Federal Bureau of Investigation.** This requirement can be waived if volunteers have signed an Attestation of Residency, if they have lived in Pennsylvania for 10 years or more.

I consent to any information obtained about me from any of the hereinabove identified sources being disclosed to the persons at St. John's UCC responsible for reviewing background check reports on prospective employees and on persons seeking authorization to serve as volunteers, so that these persons may evaluate the information in determining my fitness to participate in a ministry or program provided by St.

John's UCC serving children, youth, or vulnerable adults, or to be employed by St. John's UCC in a position with significant likelihood of regular contact with children or youth.

I consent for my name to be made public, as having a St. John's UCC Safe Church Clearance.

Release of Liability Regarding Collection and Disclosure of Information

For valuable consideration received including, but not limited to, the evaluation of my fitness to serve in a ministry or program provided or sponsored by St. John's UCC serving children, youth, and vulnerable adults, I hereby **RELEASE, DISCHARGE AND HOLD HARMLESS** St. John's United Church of Christ, Chambersburg, and all of those entities' trustees, with respect to any loss, injury or other damage to me arising out of, or in any way related to, the collection and disclosure of information about my background whether caused by the negligence of the releases or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Applicant's Full Name: _____

Print all other names that have been used by Applicant (if any)

Date of Birth: _____ Place of Birth: _____

Driver's License Number: _____ State of issuance: _____

Applicant's primary residence address:

Signature of Applicant

Date

If under 18, Signature of Parent/Guardian

Date

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
VOLUNTEER ONLY**

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

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.*

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

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY - RCMP 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEPHONE NUMBER		

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.

By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$8 fee is being waived because of my status as an unpaid volunteer.

REQUESTER SIGNATURE (*Signature required for processing*)	DATE
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WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

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 \$8.00 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) |
|---|---|

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

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
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

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.)		

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.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> 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

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

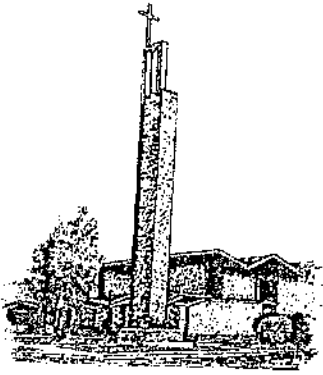
SUFFICIENT PAYMENT INFORMATION RECEIVED

YES NO

VALID PAYMENT AUTHORIZATION CODE

WAIVED (supervisor initials) _____

CERTIFICATION ID #



St. John's United Church of Christ

1811 Lincoln Way East • Chambersburg, PA 17202-3349

Phone: (717) 263-8593 • Fax: (717) 263-9010

www.sjucc1811.org

Attestation of Residency

I attest that I have been a Pennsylvania resident for a period of no less than 10 years prior to the application for a volunteer position.

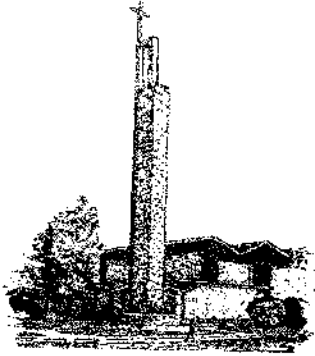
Attestation of No Conviction of Any Crime in Another State

I attest, by signing my signature, that I have not been convicted of any crimes, in another state, similar to the convictions disqualifying a person in Pennsylvania.

Signature of full given name

Date

Print Name



St. John's United Church of Christ

1811 Lincoln Way East • Chambersburg, PA 17202-3349
Phone: (717) 263-8593 • Fax: (717) 263-9010
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Signature of full given name

Date

Print Name