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. This checklist is also to be used for renewing your current clearances. VOLUNTEERS: Anyone 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... Volunteer/Staff Information Form Authorization for the Conduct of Criminal Records and Background Checks and Release of Liability Copy of driver's license or Identification card If under 18 years of age, a Parent/Guardian signature is required on the Volunteer/Staff Information Form Pennsylvania State Police Request for Criminal Record Check (PATCH) Pennsylvania Child Abuse History Clearance Submit a certification of completion of the Mandated Reporter Training Submit a report of Federal Criminal History Record, obtaining of which requires submitting a full set of fingerprints to the F.B.I. \mathbf{OR} Attestation of Residency if lived in Pennsylvania for 10 years or more. Submit completed forms (listed above) to the Church Office EMPLOYEES: Anyone applying for Employment by St. John's shall complete the following... Volunteer/Staff Information Form Authorization for the Conduct of Criminal Records and Background Checks and Release of Liability Copy of driver's license or Identification card Pennsylvania State Police Request for Criminal Record Check (PATCH) Pennsylvania Child Abuse History Clearance Submit a report of Federal Criminal History Record, obtaining of which requires submitting a full set of fingerprints to the F.B.I. Submit a certification of completion of the Mandated Reporter Training Submit completed forms (listed above) to the Church Office

ACCEPTANCE OF CLEARANCES FROM OTHER ORGANIZATIONS

Any clearance that a prospective employee or volunteer has already received may be submitted and will be recognized by St. John's Church as currently in effect and valid PROVIDED that the clearance is submitted less than five years after the date on which it was issued.

St. John's United Church of Christ

Volunteer/Staff Information FORM: Date of application: Personal Information Full Name: First M.I. Last Address: Street Address Apartment/Unit # State Zip Code Home Phone: Alternate Phone: () / Email Address: Date of Birth: In what ways are you interested in serving as a volunteer? Church Nursery, Sunday School, Camp, VBS, mentor, youth ____(list others that apply) events, music program, Nursery School _____ Do you have liability insurance? Yes OR No ** (IF 18 OR OLDER): Are you willing to drive for youth events? Yes OR No If driving a bus, do you have a "P" endorsement? Yes OR No Yes OR No Do you want considered for renewal in 5 years when this certification expires? Emergency Contact Information Full Name: M.I. First Last Address: Apartment/Unit# Street Address Zip Code Primary Phone: () Alternate Phone: () Relationship: For Office Use Only Record Clear Date Received Reviewed By: Completed Volunteer/Staff Information Form Yes No 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 Driver's License must bear "P" endorsement if driving a bus.

	Date	Confirmed by	
"Not Clear" report(s) discussed with a Pastor			
Authorization to serve re children, youth, or vulnerable adult			
* GRANTED DENIED by Pastor			
	Pasto	r's Signature	
* Line to be completed by a Pastor only if "adverse information" is	s received		
	Date	Confirmed by	
Applicant provided with documentation of authorization or denial		Automorphistorians, ,	
Applicants under 18 years of Age			eanly a
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 knowledg	ge.	
(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 responsibilit			

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

Ι,	, understand that any felony criminal conviction and any criminal crise information relating to children, youth, or vulnerable adults (hereinafter
conviction and/or adv	rse 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 au	thorized to serve as a volunteer in any ministry or program provided or sponsored by
St. John's UCC servin	g children or youth or in one serving or ministering to vulnerable adults. I understand
that a conviction for d	iving 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 pe	sons at St. John's UCC responsible for reviewing background check reports on
prospective employee	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 se	ve 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:
 - o PA
 - One or more additional states if deemed necessary or advisable
- Criminal History Record Check report from
 - o PA
 - One or more additional states if deemed necessary or advisable

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:		
Signature of Applicant	Date	
If under 18. Signature of Parent/Guardian	Date	

STEPS FOR COMPLETING CRIMINAL AND CHILD ABUSE CLEARANCES

Criminal Record Check:

- Go to the website https://epatch.pa.gov/home
- 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 church office

Child Abuse History Check:

- Go to the website https://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 Safe Church Clearance

Mandated Reporter Training

Register for the Mandated Reporter Training at

https://www.reportabusepa.pitt.edu

- Click on the don't have an account
- Fill in all required information
 For county of employment if retired scroll to bottom of list and select N/A
 - How did you hear about us-select employer if employed by St. John's or if you are a volunteer select volunteer group
- Follow prompts to complete the training

** Please make sure to save your username and password**

Once your training is completed, please submit a copy of the certificate of completion to the church office

St. John's Safe Church Clearance Federal Criminal Record Check with Fingerprinting

*Please note:

Employees-this is a requirement

<u>Volunteers</u>- this is only required if you <u>have not</u> 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 highly recommended to avoid a long wait. 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.
 - o Employee: 1KG738
- For Franklin county, once registered, you may walk-in to the IdentoGo enrolled center at:
- Chambersburg Recreation Department

235 S 3rd St

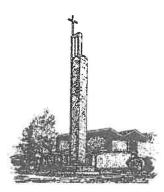
Chambersburg, PA 17201-2524

*Located in the lower level

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 - 12:50 PM



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	