



## STATEMENT OF RESIDENCY

This is to acknowledge that I have resided continuously in the State of Pennsylvania for the last ten (10) years or more.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**DISCLOSURE STATEMENT**  
**APPLICATION FOR PROVISIONAL VOLUNTEER SERVICES**

Required by the Child Protective Service Law  
23 Pa. C.s. Section 6344.2 (relating to information relating to other persons having contact with children)

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse or as an individual responsible for a founded report 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 status or equivalent crime in another state.

- |                    |   |   |
|--------------------|---|---|
| Chapter 25         | (relating to criminal homicide)   | Section 2702 (relating to aggravated assault)                     |
| Section 2709       | (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 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 must be dismissed 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.

I understand that my employment may be terminated if I have been named as the perpetrator of an indicated or founded report of child abuse or as an individual responsible for the injury or abuse in a founded or indicated report for a school employee.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Criminal Code.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)



# 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 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 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 <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, licensed child-care home, 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 checked="" type="checkbox"/> Volunteer having contact with children <b>If purpose is volunteer having contact with children, choose SUB PURPOSE:</b> <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 checked="" type="checkbox"/> Other: <u>Hospital</u>  <input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)
AGENCY/ORGANIZATION NAME: <u>Bradford Regional Medical Center</u>	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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #