HEROESCREST

Operation Heroes Corporation

BACKGROUND CHECK & CLEARANCE AUTHORIZATION

This form authorizes HeroesCrest to use the information provided below to request, coordinate, verify, and maintain Pennsylvania background checks and clearances required for the applicant's volunteer assignment. It does not replace official Commonwealth applications, certifications, disclosure statements, consent/release forms, or fingerprinting requirements.

1. APPLICANT INFORMATION

Full Legal Name	
Other / Previous Names	
Date of Birth	
Social Security Number	_____ (only when required for the applicable process)
Current Street Address	
City / State / ZIP	
Phone	
Email	

2. CLEARANCE REQUEST

HeroesCrest may initiate or coordinate the following clearance(s), as applicable to the volunteer assignment:

PA State Police Criminal History	☐ Required ☐ Not Required
PA Child Abuse History Certification	☐ Required ☐ Not Required
FBI Fingerprint-Based Check	☐ Required ☐ Not Required
Other Required Screening	

3. APPLICANT AUTHORIZATION

I authorize Operation Heroes Corporation / HeroesCrest and its authorized representatives to use the information I provide to request, coordinate, verify, receive where permitted, and maintain background screening and clearance information related to my volunteer service.

I understand that I may be required to complete or sign separate Commonwealth of Pennsylvania forms, online applications, disclosure statements, consent/release forms, or fingerprinting documents. I agree to provide accurate and complete information and cooperate with those requirements.

I understand that Pennsylvania may require certain results to be provided to me rather than directly to HeroesCrest. When required, I agree to provide HeroesCrest with the applicable certification or documentation for verification.

I understand that volunteer placement or continued service may depend upon satisfactory completion and maintenance of the clearances required for my assignment.

4. CERTIFICATION & SIGNATURE

I certify that the identifying information provided on this form is accurate and complete to the best of my knowledge and authorize HeroesCrest to process the applicable screening and clearance requests for the limited purpose described above.

Applicant Printed Name	
Applicant Signature	
Date	
Parent / Guardian Signature (if required)	
Date	

FOR HEROESCREST USE ONLY

Volunteer / Applicant ID	
Submitted By	
PSP Control / Certificate No.	
Child Abuse Certification ID	
FBI / Fingerprint Reference	
Clearance Review	☐ Cleared for Assignment ☐ Further Review Required ☐ N/A
Reviewed By / Date	
Next Renewal / Review Date	

CONFIDENTIAL RECORD — This form, together with any related clearance documentation, shall be maintained in the applicable restricted volunteer or personnel record and disclosed only as authorized or required by law.