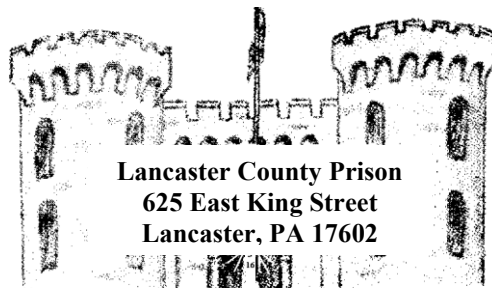


*Chaplain's Office*



717-295-2089

Dear Applicant,

Thank you for your interest in prison ministry! Please read and follow the instructions enclosed for the Application for Prison Access. Please print; if your information is not legible, it may result in your approval being delayed. Included in the application is a **PA Child Abuse History** clearance. This is required as part of LCP's compliance with PREA (Prison Rape Elimination Act) standards. Please submit a copy of the clearance with your application.

**ALL applicants need to attach a letter of commission on church letterhead.** If you are a pastor applying for Spiritual Advisor approval, the letter needs to be written by your overseer. Lay persons applying for prison access need a letter from the pastor, on church letterhead, specifically stating that the applicant has been "commissioned for pastoral visitation" (for Spiritual Advisor visitation) and/or stating your area of ministry (volunteer). This is needed to ensure the applicant is accountable to the pastor and church as their covering due to the legalities which may be associated with whatever counsel is given to the inmates.

**All prior arrests must be listed under Record of Arrests or your application will be rejected.** If you have an arrest record, please ask the person writing the letter to include the changes that have taken place in your life and your status at this point in time.

**Please compile and send together the documents below to the Chaplain's Office:**

- Application     Release Form     PA Child Abuse History Clearance  
 PREA Disclosure Statement     Letter of Commission

**Mail to Lancaster County Prison, Chaplain's Office, 625 E King St, Lancaster, PA 17602 or scan and email to [sfpmjds@gmail.com](mailto:sfpmjds@gmail.com)**

After your application is reviewed, you will be contacted to schedule a time to come into the facility to be fingerprinted. **Times for fingerprinting are 9:00am-2:30pm**, Monday through Friday. Training for those conducting church or group studies will be provided by the Chaplain's Office. Upon completion of the training you will be approved for prison access.

**Access approval will need to be renewed every 2 years.** Please notify the Chaplain's Office if there are any changes during this time; i.e. address, status, church, etc.

If you have any questions, please feel free to contact our office at 717-295-2089 during business hours, 8:00am - 4:00pm, Monday through Friday.

Chaplaincy Services underwritten by:  
**Support for Prison Ministries**  
P.O. Box 727  
Brownstown, Pa. 17508-0727  
[www.supportforprisonministries.com](http://www.supportforprisonministries.com)  
5-20

In His Service,

LCP Chaplaincy

## Prison Application Instructions

Before you can enter the prison, you must submit to a background check. This form will give us as much necessary information as is necessary to complete a proper background check.

The prison will be conducting an investigation for local, state, and FBI criminal history, as well as outstanding warrants. All information will be held in confidence but will be used to make as complete a check as possible. No information on this form leaves the prison.

With that in mind, please be careful in filling out the form to include **ALL** information as it is asked.

Specific instructions:

1. **Name:**

When filling out the name field, make sure that you fill in your **ENTIRE BIRTH NAME**. If you have only a middle initial, enter it above the middle name section and mark it I.O. (Initial only). Otherwise, you must fill in your **FULL NAME**.

Do not use nicknames. If your birth name is William, do not put Bill or Billy.

2. **Maiden Name:**

Self-explanatory

3. **Aliases:**

Enter any and all former names. If you were adopted, enter your birth name and your adopted name. Include **any and all** former married names. Enter the names **completely**.

4. **Date of Birth and Social Security Number:**

Make sure these numbers are legible. Make sure that the number 1 is distinguishable from 7, the number 4 from 9, etc.

It is requested that you print all letters in **UPPER CASE**. 'I' must be distinguishable from 'L', and 'U' from 'V', etc.

5. **Next of Kin:**

Enter the name of a responsible adult in this space. **Do not put a minor child's name here.**

6. **Record of Arrests:**

Do not leave this blank. If you have no record of arrests, enter 'N/A' in this area. If you were arrested, include **ALL** pertinent information.

7. **Applicant signature and printed name section:**

Sign your name on the appropriate line. Print your name on the appropriate line. Enter the date you signed this document.

8. **Witness signature and printed name section:**

This signature is important also. Do not leave it blank. The witness must also enter the date it was signed. The witness shall also **print** his/her name **legibly** beneath the witness' signature and enter the relationship of the witness to the applicant.

**LANCASTER COUNTY PRISON CHAPLAIN'S DEPARTMENT  
APPLICATION FOR PRISON ACCESS**

The applicant is to complete all parts marked (\*). Incomplete submittals, incomplete information or falsification of any data, will result in automatic denial of access to the Prison complex. The information provided is for Prison use only and is accepted as confidential. Please sign the completed form and return to the Chaplain's Office. Any questions should be referred to the Chaplain's Office.

\*(check one or both)  **SPIRITUAL ADVISOR** (one-one)  **VOLUNTEER** (Religious groups)

\***FULL Name:** \_\_\_\_\_ \***Maiden Name:** \_\_\_\_\_  
(last first middle name)

\***Aliases:** \_\_\_\_\_  
(ANY and ALL former names)

\***Address:** \_\_\_\_\_  
(street city state zip code)

\***Phone #** \_\_\_\_\_ \***Social Security #** \_\_\_\_\_

\***Birth Date:** \_\_\_\_\_ \***Age:** \_\_\_\_\_ \***Birthplace:** \_\_\_\_\_  
(City State)

\***Citizenship:** \_\_\_\_\_ \***Race:** \_\_\_\_\_ \***Gender:** \_\_\_\_\_

\***Marital Status:** \_\_\_\_\_ \***Height:** \_\_\_\_\_ \***Weight:** \_\_\_\_\_

\***Driver's License #:** \_\_\_\_\_ \***State** \_\_\_\_\_ \***Expiration Date:** \_\_\_\_\_

\***Color of Eyes:** (Check one)  Black  Brown  Blue  Gray  Green  Hazel  
 Maroon  Multicolored  Pink

\***Color of Hair:** (Check one)  Black  Brown  Blonde  Gray  Sandy  
 White  Red  Unknown

\***Next of Kin:** \_\_\_\_\_ \***Relationship to You:** \_\_\_\_\_

\***Their Address:** \_\_\_\_\_  
(street city state zip code)

\***Their Telephone #:** \_\_\_\_\_

\***Current Employer:** \_\_\_\_\_

\***Employer Address:** \_\_\_\_\_  
(street city state zip code)

\***Your Job Title:** \_\_\_\_\_ \***Date of Hire:** \_\_\_\_\_

\***Length of Employment:** \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

**\*Daytime Telephone where you can be reached: #** \_\_\_\_\_

**Email address (optional):** \_\_\_\_\_

**\*Religion:** (Check one)  Protestant  Catholic  Jewish  Muslim  Hindu  Other

**\*Church Name:** \_\_\_\_\_ **\*Denomination:** \_\_\_\_\_

**\*Church Address:** \_\_\_\_\_  
(street city state zip code)

**\*Applicant's Position** \_\_\_\_\_ **\*Church Telephone: #** \_\_\_\_\_

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<b>*Record of Arrests</b>		<b>*Convictions</b>	<b>*Disposition of Case</b>
<b>*Date</b>	<b>*Offense</b>	(check one)	
_____		Yes NO	_____
_____		Yes NO	_____
_____		Yes NO	_____
_____		Yes NO	_____
_____		Yes NO	_____

Use additional sheet of paper if not enough space listed above.

**\*Additional Information** (in regard to any information provided: Arresting Police)

**\*Department / Magistrate:** \_\_\_\_\_

**Please check box to note receipt of the following: I have read the Spiritual Advisor Guidelines and Volunteer Guidelines and acknowledge my responsibilities and their significance.**

**\*Certification:** I certify that the above information is true and correct.

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

**\*Print Applicant name LEGIBLY** \_\_\_\_\_

**\*Witness of Signature** (In the case of groups the recognized leader is to sign as witness.)

**\*Signature of Witness** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Print Witness' Name LEGIBLY** \_\_\_\_\_

**\*Witness' Relationship to Applicant** \_\_\_\_\_

R E L E A S E

WHEREAS the undersigned has requested permission from the Lancaster County Prison to obtain access to areas of Lancaster County not open to the public in order to participate in a Volunteer/Spiritual Advisor Program at the Lancaster County Prison;

AND WHEREAS the undersigned is aware that in obtaining access to areas of the prison not open to the public, that they subject themselves to possible bodily injury and life threatening situations as may result from the actions and activities of inmates; in that it is impossible at all times and places to see that the undersigned is sufficiently protected by employees of the Lancaster County Prison from the potentially dangerous actions and activities of such inmates;

AND WHEREAS the undersigned recognizes that the Lancaster County Prison houses, at all times, some potentially dangerous inmates;

NOW, THEREFORE for and in consideration of the permission granted to me by the Lancaster County Prison to obtain access to areas of the Lancaster County Prison not open to the public and to participate in Volunteer/Spiritual Advisor program, I hereby release the Lancaster County Prison, and the County of Lancaster, Pennsylvania, and its agents and employees, of and from any and all claims, causes of actions, damages and demands that may arise from any bodily injury to my person as inflicted by an inmate at the Lancaster County Prison, while I am present in areas of the Lancaster County Prison not open to the general public.

I have read and understand the terms of this Release and I execute it voluntarily and with full knowledge of its significance and legal import.

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

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

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

**PRISON RAPE ELIMINATION ACT (PREA)  
EMPLOYEE DISCLOSURE STATEMENT**

I swear/affirm that I have not:

1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution;
2. Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
3. Been civilly or administratively adjudicated to have engaged in the activity described in paragraph two (2), above.

I understand that provision of false information may result in discipline, up to and including termination, or denial of employment.

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

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

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

## SPIRITUAL ADVISOR GUIDELINES

The Chaplain's Office at Lancaster County Prison encourages Spiritual Advisor involvement. To be approved you will need to submit an **Application for Prison Access** including Release Form, Letter of Commission, PREA (Prison Rape Elimination Act) Disclosure Statement and a completed PA Child Abuse History Clearance.

Mail to: Lancaster County Prison, Chaplain's Office, 625 East King Street, Lancaster, PA 17602  
Or email: [sfpmjds@gmail.com](mailto:sfpmjds@gmail.com)

Approval usually takes several weeks. If we do not contact you, please feel free to call and check on your application's status.

**Spiritual Advisor visitation is by appointment only.** When calling the Chaplain's Office to make an appointment to visit an inmate, provide your name and the name of the inmate you wish to visit. The appointment will need to be scheduled at least one day in advance. The Chaplain's Office is open weekdays from 8:00 a.m. to 4:00 p.m. Available appointment times are 8:00 am to 8:00 p.m. daily, 7 days a week.

Plan to arrive 10-15 minutes before your scheduled appointment. This allows time for the officers to inform the inmate they have a Spiritual Advisor visit and time for the inmate to get ready. You may visit a maximum of two inmates per day.

**NOTE:** You may not use Spiritual Advisor visitation to visit an incarcerated family member. The inmate will need to put your name on their general visitation list. If you are concerned about an inmate's spiritual needs, these can be handled through the chaplain or another approved clergy at the request of the inmate.

**You are not permitted to give or receive ANYTHING directly to or from an inmate during a visit.** Bibles, correspondence Bible studies, devotional guides, and other donated religious materials are available from the Chaplain's Office at the request of the inmate.

**Mailing Guidelines:** Personal books and Religious texts are not permitted to be sent in by Spiritual Advisors for an inmate. You may write a letter, include inmates name and PIN# on envelope.

**Money Orders:** We caution spiritual advisors to consider how providing money orders may alter your ministry time. Will you be ministering to someone who can be honest in looking at the areas in their life that have placed them in prison or dealing with a person who will do and/or say what they think you expect in order to receive the reward of money on their books? If you feel the need to provide financially for an inmate, please be advised that you may lose your visitation privileges if the inmate you are meeting with or an inmate that they talked to about it, makes any allegations against you. It is also advised that the money order comes from your overseeing religious organization and not from you personally.

**If you have any further questions,** feel free to contact the Chaplain's Office at (717) 295-2089.

# **Professional Visitors and Volunteers Prison Dress Code Guide**

For safety and security reasons dress code within a correctional facility is closely monitored. Our staff and family visitors both follow a strict policy and we ask that our professional visitors and volunteers do the same. Following these guidelines will help ensure awkward situations involving visitors, staff or inmates are avoided. Please understand that Officers have the responsibility to enforce the rules and a Supervisor may restrict your entrance if you are dressed outside of these guidelines.

- County ID badges or Visitor badges must be front facing and visibly displayed at all times. Retractable badge holders are not permitted. Break away lanyards or clips are suggested.
- Hooded sweatshirts are not permitted.
- Jacket hoods must be brought down upon entering the lobby.
- Hats may not be worn within the building.
- Business professional or business casual dress is expected.
- No sweatpants or yoga pants
- No tank tops, shoulders must be covered.
- No fashion scarves or cold weather scarves may be worn past the lobby.
- Clothing shall not be tight fitting or low cut.
- Shirts and dresses must be a professional length (no shorter than 2 inches above the knee).
- Open toe shoes are permitted but no flip-flops.



# *Lancaster County Prison*

## *Volunteer Guidelines*

The following guidelines are written for the Volunteer coming into this institution for Church services, Bible studies, and other Chaplain programs. The guidelines must be strictly adhered to by the volunteer in order to provide an efficient and well-functioning program.

### BEFORE COMING INTO THE INSTITUTION

1. Before coming into the institution, all prospective volunteers must submit a completed Application for Prison Access, Release Form, Letter of Commission, PREA (Prison Rape Elimination Act) Disclosure Statement and a copy of PA Child Abuse History Clearance. A fingerprint security check must be successfully completed for all volunteers prior to working with inmates.

2. Scheduled appointments should be kept; promptness is a necessity due to the high number of community people working within the institution. Please arrive 10-15 minutes prior to your scheduled time.

3. You must maintain a neat appearance. Dress relatively conservatively. Very often, your physical appearance will help establish a good working relationship with the inmate. Visitors must be properly attired.

\*Open-toed shoes are permitted, but no flip-flops. \*No tank tops – shoulders must be covered

\*No outerwear (jackets, coats, etc.) past the lobby. \*No hooded sweatshirts or other hooded shirts.

\*Dresses, skirts & capris must be knee-length or longer \*No shorts.

\*No see-thru blouses, low cut or string tee shirts, miniskirts, shorts, etc. are to be worn.

\*No excessive jewelry, hoops or dangling earrings; studs no larger than 6.5mm

4. All vehicles must be locked at all times. Do not leave medication, possible weapons, tools or implements for escape in your vehicle, even if not in view.

5. Do not bring anything into the institution for an inmate, no matter how harmless or trivial it may seem at the time. Many things appear harmless but could also be considered as contraband for a particular reason. Contraband means anything that inmates should not have, such as food, chewing gum, candy, Life Savers, etc. **If in doubt, ASK.** It is advisable for you to adopt a policy of saying “NO” to any request such as this. Items such as cigarettes, magazines, newspapers, books, etc. are NOT permitted to be brought into the institution by you. Inmates can purchase almost anything they may need at the institution commissary.

6. INDIVIDUALS AND THEIR PROPERTY MAY BE SUBJECT TO SEARCH UPON ENTERING AND/OR LEAVING THE INSTITUTION, AS WELL AS WITHIN THE INSTITUTION. Refusal to submit to this search will result in an immediate termination of the visit, as well as jeopardize future access to the institution.

7. ALL individuals working with inmates may be subjected to legal implications. Illegal acts, such as bringing in contraband, may result in criminal charges. All individuals are open to potential civil lawsuits, as well.

8. No tobacco, food, drink, drugs or electronic devices (cell phones, smart watches etc.) are permitted within the institution.

9. ALL VOLUNTEERS are responsible for signing in and out at the INFORMATION WINDOW located at the left side of the lobby.

10. No individual will be allowed access to the institution if he or she appears to be under the influence of any drug or alcoholic beverages.

11. Volunteers must produce the Volunteer ID Badge and identification showing age and address at the time of check-in before access to the institution is allowed. One form of photo identification from a government agency or two forms of written identification are acceptable. Failure to produce proper ID at any visitation period will result in the visitor not being permitted in the prison visitation area. Any visitor using false or altered identification will be considered a security risk and will result in a loss of future visitation privileges. Volunteers must have this ID in their possession at all times.

12. Please leave all valuables locked in your car. All purses, wallets, cameras, personal items, electronic devices, money etc., are not permitted within the institution. Keys may be turned in at the information window. The Prison assumes no liability for any personal property. It is strongly urged that all visitors come to the prison with only the minimum number of items. ANY ITEMS LEFT IN THE PRISON LOCKERS, ON THE COAT RACKS, OR ELSEWHERE ARE LEFT AT THE VISITOR'S OWN RISK.

13. It is a criminal offense to bring a cellphone into the institution. Please leave all cellphones at home or in your car.

14. When coming in to conduct a service, bring only the necessities; ie. Bible, a plastic pen, paper, etc. (example: when bringing in a guitar, it may be in a case, but no extra strings). Musical instruments and other accessories of this nature must be pre-approved by the Chaplain's Office before admittance.

#### WHILE IN THE INSTITUTION

ALL VISITORS ARE REQUIRED TO FOLLOW ALL DIRECTIONS AND REQUESTS OF THE LANCASTER COUNTY PRISON SECURITY STAFF, WHILE ON PRISON PROPERTY. Failure to do so may result in a termination of visiting privileges and/or more serious consequences. This regulation is to be strictly observed as it exists for the orderly operation of the institution and the safety of all visitors and staff.

1. When being escorted to and from the designated meeting area, stay close to your escort, stay together as a group, do not wander around. Stay alert to what is happening around you.

2. Should you encounter someone from the K-9 unit, yield to them, DO NOT attempt to talk to or touch the dogs. They are trained to protect their handler and will bite.

3. Schedules must be adhered to, both beginning and ending times. PROMPTNESS IS A NECESSITY. If a service starts late, no matter what the reason, it does not mean it can run late.

#### LEAVING THE INSTITUTION

1. DO NOT TAKE ANYTHING OUT OF THE FACILITY FOR INMATES, no matter how trivial or innocent it may seem at the time. For instance, letters must be mailed from the institution, not from outside the facility. Inmates have mailboxes directly accessible to them, as well as telephones and other means to get messages or items to their families.

2. Clothing/property exchanges should NOT be conducted by any Volunteer to avoid any conflict of interests.

3. Be sure to pick up keys at the lobby window and retrieve any personal items stored in the lobby.

**REMEMBER:** A visitation is a privilege, not a right, and may be revoked when the privilege is abused. The inmates look forward to your visits. Do not disappoint them by acting in a foolish manner, whereby your visiting privileges may be revoked.

**Please direct any questions concerning this to the Chaplain at 717-295-2089.**



To: Potential volunteer, intern or contracted service providers

From: Joe Shiffer, Deputy Warden, Inmate Services

Date: 5/14/2020

Subject: ChildLine Clearance check

The Lancaster County Prison (LCP) is currently governed by the Prison Rape Elimination Act of 2003 (PREA). As such prison policy states that before the services of any contractor, volunteer or intern who may have contact with inmates enter the institution, they must obtain and submit (1) the Pennsylvania State Police Criminal History Record (LCP Application for General Prison Access), (2) the Pennsylvania Child Abuse History Clearance and (3) sign the attached Contracted Agent Disclosure Statement. The above documents must be submitted to the Chaplains office and approved by the Major's office prior to access being granted. The above documents along with a completed fingerprint check (at LCP) are valid for 2 years and must be updated for continued access to the prison. In addition, you shall be required to participate in training focused on security policies, procedures and expectations of the prison

Every effort will be made to promptly process application for access. To help in this effort, we ask that all forms be filled out accurately and completely so background checks can be processed efficiently. In addition, General Prison Access Applications and completed ChildLine clearances should be turned in at the same time to one of the above referenced offices. You will be contacted by the Chaplain's office to schedule an appointment to be fingerprinted.

There are two different options to submit your request for the Pennsylvania State Child Abuse History Clearance: online **OR** via mail.

1. Access the clearance application online at <https://www.compass.state.pa.us/CWIS/Public/ClearanceLearnMore>  
You must first register and create an account to be able to submit the application and submit the \$13.00 required fee via credit card. Once your application is submitted, you will receive an email notification when your clearance is ready to be viewed. It can then be printed and submitted to LCP along with your Application for General Prison Access.
2. See also attached paper application form which can be completed and sent in to Childline and Abuse Registry, Department of Public Welfare, P.O. Box 8170 Harrisburg, PA 17105 with the \$13.00 money order made out to the "Department of Public Welfare". You will then receive your clearance in the mail to submit to LCP along with your Application for General Prison Access.

# 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 \$13.00 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<br><input type="checkbox"/> Prospective adoptive parent<br><input type="checkbox"/> Employee of child care services<br><input type="checkbox"/> School employee governed by the Public School Code<br><input type="checkbox"/> School employee not governed by the Public School Code<br><input type="checkbox"/> Self-employed provider of child-care services in a family child-care home<br><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<br><input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program<br><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<br><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<br><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<br><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<br><p style="margin-left: 20px;"><b>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</b></p> <input type="checkbox"/> Big Brother/Big Sister and/or affiliate<br><input type="checkbox"/> Domestic violence shelter and/or affiliate<br><input type="checkbox"/> Rape crisis center and/or affiliate<br><input type="checkbox"/> Other: _____<br><br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)<br><br><div style="text-align: center; border-top: 1px solid black; margin-top: 10px;"> <span style="margin-right: 100px;">SIGNATURE OF OIM/CAO REPRESENTATIVE</span> <span>OIM/CAO PHONE NUMBER</span> </div> |
|---|--|

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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #

# INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

## General:

- Type or print clearly and neatly in ink only.
- 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 \$13.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of “volunteer having direct volunteer contact with children” may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant’s child abuse history certification application.

## Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
  - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
  - (2) An area vocational-technical school.
  - (3) A joint school.
  - (4) An intermediate unit.
  - (5) A charter school or regional charter school.
  - (6) A cyber charter school.
  - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
  - (8) A private school accredited by an accrediting association approved by the state Board of Education.
  - (9) A non-public school.
  - (10) An institution of higher education.
  - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
  - (12) The Hiram G. Andrews Center.
  - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one’s home (other than the child’s own home) at any one time to four, five, or six children who are not relatives of the caregiver.
  - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a **program, activity, or service, as a person responsible for the child’s welfare or having direct contact with children:** Applying as an employee who is responsible for the child’s welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
    - A youth camp or program;
    - A recreational camp or program;
    - A sports or athletic program;
    - A community or social outreach program;
    - An enrichment or educational program; and
    - A troop, club, or similar organization
  - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
  - Check the box for **individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
  - Check the box for **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** if you are an adult household member in this setting and require certification.

- Check the box for **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** if you are an adult household member in this setting and require certification.
- Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the **volunteer having direct volunteer contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.
- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a "**PAYMENT AUTHORIZATION CODE**" by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

#### Applicant Demographic Information:

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary; **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

#### Address:

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note:** If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

#### Contact Information:

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

#### Previous Names Used Since 1975:

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

#### Previous Addresses Since 1975:

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

#### Household Members:

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

#### Signature:

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

#### CHILDLINE USE ONLY:

- Please **DO NOT WRITE** in this section. This is for CHILDLINE staff only.

#### Additional Information:

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.