

**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 Prison Rape Elimination Act (PREA) standards. A copy of your clearance must be submitted with your application. Clearances must have been issued within the past year.

**ALL applicants need to attach a letter of commission on your 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 following documents to the Chaplain's Office:**

☐ Application ☐ PREA Disclosure Statement ☐ Letter of Commission ☐ PA Child Abuse History Clearance (issued within the past 365 days)

**Mail to Lancaster County Prison, Chaplain's Office, 625 E. King Street, 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 -2:00pm**, 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)  
10/23

In His Service,  
LCP Chaplaincy

## **Prison Application Instructions**

Before you can enter the prison, you must submit to a background check. This background check will investigate local, state, and FBI criminal history to include any outstanding warrants. The information you are asked to provide is necessary to complete a thorough check. Any information will be held in confidence. All information requested must be provided **legibly and in its entirety**.

### *Specified Instructions:*

**Name** - You must indicate your **full, legal birth name**. If you only have a middle initial, enter it above the "middle name" section and mark it as I.O. for "initial only".

**Aliases** - Provide any and all former names in full such as married names or names prior to adoption.

**Record of Arrest** - Do not leave this section blank. If you have no record of arrests, check box "No Arrest Record". If you were arrested, include **all** pertinent information.

**Witness Signature and Printed Name Section** - Do not leave this section blank. Any adult can serve as the witness to your signature. The date must be filled out, and all print must be legible.

**In addition to the general application for prison access, all volunteers and contractors *must* complete a PREA Contractor Disclosure Statement in accordance with Prison Rape Elimination Act standards.**

# LANCASTER COUNTY PRISON APPLICATION FOR GENERAL PRISON ACCESS

## Chaplaincy Department

All sections *must* be completed. Applications with incomplete or falsified information will result in automatic denial for prison access.

### PART A

Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Last First Middle

Aliases \_\_\_\_\_  
Any and *all* former names

Address \_\_\_\_\_  
Street City State Zip Code

Phone # ( ) - Social Security # \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_  
City State

Citizenship \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Marital Status \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

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

Color of eyes: (Circle one) Black Brown Blue Gray Green Hazel Pink Multicolored Unknown

Current employer \_\_\_\_\_

Current employer address \_\_\_\_\_  
Street City State Zip Code

Your job title \_\_\_\_\_ Date of Hire \_\_\_\_\_

Length of employment \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Applicant's reason for access (be specific) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_  
Street City State Zip Code

Emergency Contact Telephone # \_\_\_\_\_

Religion: (Circle one) Protestant Catholic Jewish Muslim Hindu Other

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_

Church Address \_\_\_\_\_  
Street City State Zip Code

Church Phone # ( ) \_\_\_\_\_ Your Position \_\_\_\_\_

**PART B**

Record of Arrests No Arrest Record ☐ Check if applicable

| Date | Offense | (Circle One) |  | Disposition of Case | County & State of Arrest |
|------|---------|--------------|--|---------------------|--------------------------|
|      |         | Conviction   |  |                     |                          |
|      |         | Yes No       |  |                     |                          |
|      |         | Yes No       |  |                     |                          |
|      |         | Yes No       |  |                     |                          |
|      |         | Yes No       |  |                     |                          |
|      |         | Yes No       |  |                     |                          |
|      |         | Yes No       |  |                     |                          |
|      |         | Yes No       |  |                     |                          |

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.

My signature constitutes consent and authorization to the disclosure or furnishing of any relevant and necessary information or records to any duly authorized employment official acting on behalf of the County of Lancaster for any persons, corporations, agency, or association concerning my character employment, education, or military service as may be relevant and necessary for a determination of my suitability for service or facility access and may include reference checks, credit history check, Act 34, ChildLine, FBI, and criminal background investigation.

This authorization is executed with full knowledge and understanding that the County of Lancaster will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for the information in conducting official County of Lancaster business.

I hereby release the aforementioned persons, corporations, agencies, associations, and their employees, agents, and representatives from any and all liability for damages resulting from a decision made by the County of Lancaster not to allow prison access or utilize my services on account of compliance or any attempts as compliance with this authorization, except for any damages from knowingly providing false or misleading records or information about me.

A copy of this authorization shall be as effective and valid as the original document. The authorization is for 12 months from the date signed below.

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

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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

**Signature of witness** \_\_\_\_\_

**Date** \_\_\_\_\_

**Print Name of witness** \_\_\_\_\_

**Witness' relationship to applicant** \_\_\_\_\_

**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.

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)

Foster parent  
 Prospective adoptive parent  
 Employee of child care services  
 School employee governed by the Public School Code  
 School employee not governed by the Public School Code  
 Self-employed provider of child-care services in a family child-care home  
 An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service  
 An individual seeking to provide child-care services under contract with a child care facility or program  
 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  
 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  
 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  
 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

Volunteer having direct volunteer contact with children  
**If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:**

Big Brother/Big Sister and/or affiliate  
 Domestic violence shelter and/or affiliate  
 Rape crisis center and/or affiliate  
 Other: Prison ministry

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<br>Male<br>Female<br>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<br>(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  |
| 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.) |                       |                         |

**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.                         | Parent    Guardian    person(s) who raised you |             |        |
| 2.                         | Parent    Guardian    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<br>YES      NO<br>VALID PAYMENT AUTHORIZATION CODE<br>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.