



Dear Prospective Volunteer:

Thank you for your interest in volunteering at The Guthrie Clinic/Robert Packer Hospital. The clearance process for volunteering in our program includes a reference check, a health office clearance, a Criminal Background Check (CBC), as well as a volunteer orientation.

To begin the clearance process, you must return your completed volunteer application along with the completed PA Child Abuse, PA State Police, and FBI clearance request documents attached. These must be returned to the Volunteer office.

Once your references are checked you will be scheduled for a Health Office appointment. The Health Office clearance includes:

- Immunizations – Take your immunization record with you
- Urine Drug Screen – Performed in the Health Office
- T Spot Blood Test (to rule out TB) – Performed in the Health Office
- Influenza Vaccination –Required only during flu season. Take proof of your flu shot to your Health Office appointment. If you haven't already received a flu shot, the Health Office will provide one to you.

Once you have been cleared by the Health Office, you will be scheduled for volunteer orientation at which time your CBC will also be processed. This is at no cost to you as The Guthrie Clinic pays all fees associated with processing your criminal background checks.

You will be required to complete a CBC every 5 years or sooner if there is cause to do one before it expires. In addition, you are required to report changes in clearance status to the Volunteer Office within 72 hours.

After completion of all clearance requirements and volunteer orientation, you will be permitted to volunteer for a provisional 30-day period pending the results of your CBC.

If a decision to disqualify you from a Covered Volunteer Position is based, in whole or in part, on your criminal history, you will be appropriately notified and your active volunteer status will cease. If your CBC results show that you *are not disqualified from a Covered Volunteer Position*, you will be permitted to continue volunteering and your CBC report will be put into a sealed marked envelope and placed in your volunteer file.

A copy of the complete policy is posted on the bulletin board in the Volunteer Office or you may request a copy through the Volunteer Office (HR Policy # 213 Pennsylvania Criminal Background Checks Pursuant to the Child Protective Services Law, 23 P.S. § 6301 et seq, as amended).

If you have any questions or need further clarification related to these requirements please feel free to contact me.

Sincerely,

Michele Varano  
Coordinator, Volunteer & Courtesy Services  
Attachments



## Volunteer Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ B# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Birth Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you a United States Citizen? \_\_\_ Yes \_\_\_ No How did you hear about us? ☐ Newspaper ☐ Friend ☐ Expo ☐ Retiree ☐ Employee ☐ Other

In Case of Emergency Notify: Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation: \_\_\_\_\_

Special Skills \_\_\_\_\_

Day(s) & Time(s) Available \_\_\_\_\_

Are there any health concerns/limitations we should be aware of? Yes / No If yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime? Yes / No If yes, please explain \_\_\_\_\_

*Please provide two references that ARE NOT related to you:*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_ Volunteer Signature \_\_\_\_\_

*Failure to disclose appropriate information may result in termination of your active volunteer status.*

### Volunteer Office Use Only

Application Received \_\_\_\_\_

References Checked \_\_\_\_\_

EHO Appointment \_\_\_\_\_

EHO Cleared \_\_\_\_\_

Orientation Scheduled \_\_\_\_\_

Orientation Completed \_\_\_\_\_

PA Child Abuse Clearance Submitted \_\_\_\_\_

PA Child Abuse Clearance Received \_\_\_\_\_

PA State Police Clearance Submitted \_\_\_\_\_

PA State Police Clearance Received \_\_\_\_\_

FBI Clearance Submitted \_\_\_\_\_

FBI Clearance Received \_\_\_\_\_

### NOTES:

Badge ID#: \_\_\_\_\_ Influenza Date: \_\_\_\_\_

Vest Size: \_\_\_\_\_

**The Guthrie Clinic/Robert Packer Hospital | One Guthrie Square | Sayre, PA 18840**

T: (570) 887-4242 | F: (570) 887-7116 | varano\_michele@guthrie.org | www.guthrie.org

*Please call the Volunteer Services if you have any questions.*

CHILDLINE AND ABUSE REGISTRY  
P.O. BOX 8170  
HARRISBURG, PENNSYLVANIA 17105-8170

**CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM  
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION**

I, ( \_\_\_\_\_ ), hereby authorize the PA Department of Human Services, ChildLine to  
Applicant's Name  
release my Pennsylvania Child Abuse History Clearance information directly to ( \_\_\_\_\_ ).  
Name of Requesting Agency

I understand that this information is confidential in nature pursuant to §6339 (relating to information in confidential reports)  
of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and is not otherwise to be released by  
( \_\_\_\_\_ ) without my expressed authorization or pursuant to Section 3490.126 of  
Name of Requesting Agency

Title 55 of the Pennsylvania Code which states this information is confidential and the requesting agency can be held  
criminally liable for a breach of confidentiality related to release of this information. **I also understand that the**

**aforementioned information will not be released directly to me ( \_\_\_\_\_ ) as stated**  
Applicant's Name

**on the Pennsylvania Child Abuse History Certification application. I understand that I will not receive a copy**

**of my Pennsylvania Child Abuse History Certification directly from ChildLine;** however, I may request a copy of

my Pennsylvania Child Abuse History Certification from ( \_\_\_\_\_ ) upon written request.  
Name of Requesting Agency

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further  
understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Certification application  
as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database for child abuse  
that my consent allows the result stating such information to be shared with the agency/organization noted on next page.

Please send my certification result(s) to:

Agency Name:

Agency Street Address:

Agency City, State, Zip Code:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**As the agency/organization representative, I understand that, except for the subject of a report, persons who receive this information are subject to the confidentiality provisions of the CPSL and 55 Pa. Code, Chapter 3490 and are required to ensure the confidentiality and security of the information and are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information. I agree to receive and maintain this information in accordance with these requirements.**

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Agency's Representative Signature

**NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION FORM/APPLICATION (CY 113) IS NOT COMPLETED ACCURATELY OR IF IT IS INCOMPLETE, THE CY 113 WILL BE RETURNED TO THE APPLICANT AND NOT BACK TO A THIRD PARTY.**

Revised 12-29-15

***The Guthrie Clinic  
1 Guthrie Square  
Sayre, PA 18840***

***Confidential – Volunteer Services Use Only***

**ACKNOWLEDGEMENT AND CONSENT FORM FOR FINGERPRINTING AND DISCLOSURE OF CRIMINAL  
HISTORY RECORD INFORMATION  
THIS FORM IS TO BE RETAINED BY GUTHRIE VOLUNTEER SERVICES.  
DO NOT FORWARD.**

**The purpose of this form is to obtain consent from the subject individual for fingerprints and criminal history record information.**

**SECTION 1 – SUBJECT INDIVIDUAL INFORMATION**

LAST Name:	FIRST Name:	MIDDLE Name:	
Date of Birth (mmddyyyy):	Place of Birth City:	Place of Birth State:	
SSN:	Sex:	Race:	Eye Color:
Hair Color:	Height:	Weight:	Country of Citizenship:
Drivers License No.	Current Home Address:	City, State:	Zip Code:
Phone #	Alias Last Name:	Alias First Name:	Alias Middle Name:
Email Address:	LEAVE BLANK	LEAVE BLANK	LEAVE BLANK

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LEAVE BLANK

**SECTION 2 - ATTESTATION**

1. I have applied to an agency to engage in occupations/roles that are responsible for the welfare of a child or that have direct contact with children. ***Direct contact with children is defined as the care, supervision, guidance or control of children or routine interaction with children.*** I understand that as part of the application process, the Pennsylvania Child Protective Services Law (CPSL), 23 P.S. § 6301 *et seq.*, as amended requires that the Pennsylvania Department of Public Welfare (DPW), Pennsylvania State Police and the Federal Bureau of Investigation (FBI) perform a criminal history check on me.

2. I acknowledge and consent to having my fingerprints taken for the purpose of a criminal history record check by the FBI.

3. I understand that I have the right to withdraw my application for volunteering, without prejudice, any time before active volunteer status is offered or declined, regardless of whether an agency or I have reviewed my criminal history information.

4. I certify to the best of my knowledge and belief that I (check as appropriate):

☐ **Have** ☐ **Have not been convicted of a crime in the State of Pennsylvania or any other jurisdiction;**  
☐ **Do** ☐ **Do not have a final finding of the following prohibitive offenses:**

Prohibitive Offense

Related to criminal homicide.

Related to aggravated assault

Related to stalking

Related to kidnapping

Related to unlawful restraint

Related to rape

Related to statutory sexual assault

Related to involuntary deviate sexual intercourse

Related to sexual assault

Related to aggravated indecent assault

Related to indecent assault

Related to indecent exposure

Related to incest

Related to concealing the death of a child

Related to endangering the welfare of a child

Related to dealing in infant children

Related to prostitution and related offenses

Relating to obscene and other sexual materials and performances

Related to the corruption of minors

Related to the sexual abuse of children

Related to a felony offense under the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act

*The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.*

If you have checked either "Have" and/or "Do", please provide a brief explanation. (Optional)

5. My current mailing or home address is indicated in Section 1 of this form.

6. I have read this form and hereby consent to the request by the agency to use my fingerprints to obtain my criminal history record, if any, from the DPW and the FBI. I hereby consent to the re-disclosure of any convictions or open charges on my criminal history record, received by DOH from DCJS, to the requesting agency. I declare and affirm that the information I have provided on this consent form is true, complete and accurate and that the fingerprints to be submitted are my own.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

(if subject individual is under 18 years of age)

*Rev Date: March 26, 2015*

# 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 \$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 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><b>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</b><br><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><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)<br><br><div style="display: flex; justify-content: space-between;"> <div>_____<br/>SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div>_____<br/>OIM/CAO PHONE NUMBER</div> </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 \$8.00 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.



**GUTHRIE**

## **Pennsylvania State Background Clearance Request**

In accordance with Pennsylvania State law I, \_\_\_\_\_  
(*please print full name*), understand that a criminal history background clearance is being requested of the Pennsylvania State Police by The Guthrie Clinic and hereby swear and affirm that I have never been convicted of a crime that would prohibit my volunteering with The Guthrie Clinic, or any offenses contained in the Child Protective Services Law (CPSL), 23 P.S. § 6301 *et seq.*, as amended or any offenses contained in Act 169 of 1969 as amended by Act 13 of 1997 as applicable.

If the clearance request indicates convictions for crimes that prohibit my volunteering under the act, I understand that my volunteer status must be terminated in compliance with state law. I understand that my volunteer status is provisional and if the information is not received within established timelines my volunteer status, in compliance with state law, may be suspended until that information is received.

**Residency Affidavit:** I, \_\_\_\_\_ (*please print full name*), hereby swear and affirm that I am currently a resident of the state/commonwealth of: \_\_\_\_\_ . I have been a resident of the state/commonwealth since \_\_\_\_\_ (Month/ Year). I understand that any falsification regarding my residency may result in the termination of my volunteer status.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

PENNSYLVANIA STATE POLICE  
**REQUEST FOR CRIMINAL RECORD CHECK**  
**VOLUNTEER ONLY**

**1-888-QUERYPA (1-888-783-7972)**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**  
<https://epatch.state.pa.us>

REQUESTER NAME	ROBERT PACKER HOSPITAL - VOLUNTEER SERV.
ADDRESS	ONE GUTHRIE SQUARE
CITY/STATE/ ZIP CODE	SAYRE, PA 18840
TELEPHONE NO. (AREA CODE)	570-887-4241

**FOR CENTRAL REPOSITORY USE ONLY**  
**CONTROL NUMBER**

**AFTER COMPLETION MAIL TO:**  
**PENNSYLVANIA STATE POLICE**  
**CENTRAL REPOSITORY – RCPD**  
**1800 ELMERTON AVENUE**  
**HARRISBURG, PA 17110-9758**

<b>SUBJECT OF RECORD CHECK</b>				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEPHONE NUMBER		
<p><b>The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information <u>contained in the files of the Pennsylvania State Police Central Repository only.</u></b></p>				
<p>By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$8 fee is being waived because of my status as an unpaid volunteer.</p>				
REQUESTER SIGNATURE (*Signature required for processing*)		DATE		
<p><b>WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.</b></p>				