

Appendix A: Permission Slip

Zion Evangelical Lutheran Church
265 North Enola Drive
Enola, PA 17025
(717) 732-9652

INSTRUCTIONS:

Event organizers fill out blanks marked by a cross (+).

Parents fill out the blanks marked by an asterisk (*).

Event Date(s): + _____

Return Slip by: + _____

Permission Slip

* _____ has my permission to participate in the following child/youth group activity, + _____, on + _____. The group will leave from the church at + _____ and return at + _____. Supervisors for this event will be: + _____

My child is asked to bring + _____

In case of emergency, call * _____

*I am willing to chaperone/drive if needed: YES NO

I give my permission for * _____ to travel with + _____

* Signature of Parent or Guardian

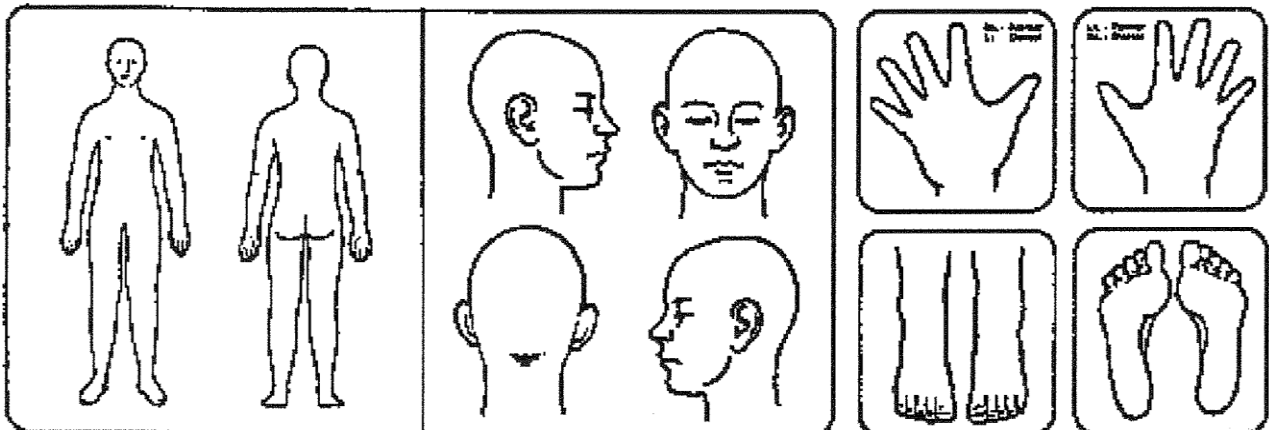
* Date

Appendix B: State form CY47 to report suspected child abuse

REPORT OF SUSPECTED CHILD ABUSE
(CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)

PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE, PLEASE PRINT OR TYPE

1. NAME OF CHILD (Last, First, Initial)		SSN	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (State, City, State & ZIP Code)			COUNTY	
1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE			COUNTY	
2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
4. OTHER PERSON RESPONSIBLE FOR CHILD		SSN	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.
5. ALLEGED PERPETRATOR (Last, First, Initial)		SSN	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.
NAME OF ALLEGED PERPETRATOR'S EMPLOYER AND EMPLOYER'S ADDRESS				
E. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)				
NAME (Last, First, Initial)	RELATIONSHIP TO CHILD	NAME (Last, First, Initial)	RELATIONSHIP TO CHILD	
A.		D.		
B.		E.		
C.		F.		
ADDRESS WHERE THE SUSPECTED ABUSE OCCURRED			COUNTY	
DESCRIBE THE NATURE AND EXTENT OF THE SUSPECTED CHILD ABUSE, INCLUDING ANY EVIDENCE OF PRIOR ABUSE TO THE CHILD OR ANY SIBLING OF THE CHILD. ALSO INCLUDE ANY EVIDENCE OF PRIOR ABUSE BY THE ALLEGED PERPETRATOR(S) TO OTHER CHILDREN. PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.			DATE OF INCIDENT	



Appendix C: Application

**ZION EVANGELICAL LUTHERAN CHURCH, Enola PA
Children/Youth Ministry/Volunteer Application Form**

Please complete this application if you are interested in working in any position involving ministry with children and youth. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Personal

Full Name _____ Date Completed _____

Address _____

City/Zip _____ Email _____

Phone: Home _____ Work _____ Cell _____

Occupation: _____ Employer: _____

Social Security Number _____ Driver's License Number _____

Are you currently under investigation for child abuse? ___ Yes ___ No
If yes, please explain.

Are there any conditions that would prevent you from performing certain types of activities relating to youth or children's work? _____ If yes, please explain.

Church Activity

Name of church of which you are a member: _____

Do you regularly attend worship at Zion? _____

In what activities have you participated at Zion? How long have you participated in each?

Appendix C: Application

Experience

List all previous experience working with or involving children and youth.

Personal References (not relatives)

1. Name _____
Address _____
Day Phone # _____ Evening Phone # _____
Email _____
Relationship to you _____

2. Name _____
Address _____
Day Phone # _____ Evening Phone# _____
Email _____
Relationship to you _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children/youth work. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

I affirm that I am not disqualified from employment of volunteer service based on convictions to crimes listed in §6344(c) or similar crimes in non-Pennsylvania jurisdictions.

Should my application be accepted, I agree to be bound by the Constitution and policies of Zion Evangelical Lutheran Church. I have read and understand these guidelines, and I hereby subscribe to them because I want to participate in making this congregation a safe place for the spiritual development of our children.

Applicant's Signature

Date

Appendix C: Application

FOR COMMITTEE USE ONLY

Keeping Kids Safe Committee Review

Signature

Date

Signature

Date

Signature

Date

Clearances Obtained

Date

Date

Date

Pennsylvania Child Abuse History
Clearance

Pennsylvania State Police
Criminal Record Check

FBI Criminal Background
Check

Appendix C: Application

About Clearances and How to Apply for Them

On July 25, 2015, Governor Wolf waived the fees for clearances for volunteers and reduced the cost of clearances for employment purposes from \$10 to \$8. A refund process was implemented for those applicants who submitted an overpayment with their paper application.

Background checks fees for volunteers have been waived and the cost of clearances for employment purposes was reduced from \$10 to \$8. These fee changes have been in effect since July 25, 2015.

Please keep this in mind as you submit clearance requests to the Department. If you have questions regarding the clearance process, please visit www.KeepKidsSafe.pa.gov. Individuals seeking clearances can go directly to www.compass.state.pa.us/cwis to create an individual account and apply for their child abuse clearance electronically.

Certain individuals, in order to work or volunteer with children, are required to obtain clearances which may include the following:

- Pennsylvania Child Abuse History Clearance;
- Pennsylvania State Police Criminal Record Check; and
- Federal Bureau of Investigation Criminal Background Check.

Information regarding the Pennsylvania Child Abuse History Clearance is contained below, as well as a link to additional information regarding the Pennsylvania State Police Criminal Record Check and the Federal Bureau of Investigation Criminal Background Check.

The Pennsylvania Child Abuse History Clearance can be submitted and paid for online through the Child Welfare Information Solution (CWIS) self-service portal. (See address above)

Submitting an application online allows individual applicants to receive their results through an automated system that will notify the applicant once their results have been processed. Applicants will be able to view and print their results online. The self-service portal also provides the ability for organizations to create business accounts to prepay for child abuse clearances and have online access to the results.

For more information about the electronic submission of child abuse clearances or for information on obtaining the Pennsylvania State Police Criminal Record Check or Federal Bureau of Investigation Criminal Background Check, visit our website at <http://www.dhs.pa.gov/publications/findaform/childabusehistoryclearanceforms/index.htm>.

Appendix D: Disclosure

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS Required by the Child Protective Service Law

23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing death of child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902(b) (relating to prostitution and related offenses)
- Section 5903(c) (d) (relating to obscene and other sexual material and performances)
- Section 6301 (relating to corruption of minors)

Appendix D: Disclosure

Section 6312 (relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state. 2 11/3/15

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth. I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name (print): _____ Signature: _____

Witness (print): _____ Signature: _____

Date: _____

Appendix E: Interview

Zion Evangelical Lutheran Church
265 North Enola Drive
Enola, PA 17025
(717) 732-9652

Personal Interview Form [To be completed by interviewer when interviewing an applicant seeking to become an Approved Adult.]

Interview Date: _____ **Final Approval Date** _____

Interviewed By: _____

Name of Applicant _____

Address _____

Phone (home) _____ Phone (work) _____ Phone (cell) _____

[The interviewer should carefully read the application completed by the applicant and ask any relevant questions raised by the applicant's answers to the questions on the application. If the answers on the application do not raise any questions, the Interviewer, at a minimum, should read each question below to the applicant and mark the appropriate response.]

	Yes	No
Have you read and understand the Zion Lutheran Church Child Protection Policy?	_____	_____

1. Do you have any specific questions regarding that policy? (If so, please list below.)	_____	_____
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2. Are you currently under investigation for child abuse?	_____	_____
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3. Is there anything on your application or disclosure statement that has changed since completion? (Please list specifics.)		
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4. In what specific areas would you particularly like to work with children? (i.e. Sunday School, Youth Group, etc.)		
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