

# Christiana Fire Company Membership Checklist

- \_\_\_\_\_ 1. Fill out Fire Company membership application completely.
- \_\_\_\_\_ 2. Fill out the Pennsylvania State Police Request for Criminal Record Check paperwork completely.
- \_\_\_\_\_ 3. Fill out Pennsylvania Child Abuse History Clearance paperwork fully with all addresses and people you have lived with since 1975. Please sign this document at the bottom. A document will be sent from ChildLine to your house and that document must be turned into Trish or any officer of the Fire Company.
- \_\_\_\_\_ 4. Read, date, print and sign your name to the Disclosure Statement Application for Volunteer. You may sign this paper if you have lived in the state of Pennsylvania for the last 10 years. If not, you must complete paperwork for an F.B.I. Fingerprint check. See Trish if you have not lived in PA the last 10 yrs.
- \_\_\_\_\_ 5. Read, date, print and sign your name to the Christiana Fire Company Neglect, Abuse and Sexual or Molestation Prevention Policy.
- \_\_\_\_\_ 6. Must hand us your valid PA ID or PA Driver's license for us to copy for your file.
- \_\_\_\_\_ 7. If applicant is under 18 years of age, working papers must accompany this application.
- \_\_\_\_\_ 8. The membership dues (\$5) must accompany this application in order for this application to be processed.

For assistance: see or call Trish Vandebosch @. 717-449-9597

# CHRISTIANA FIRE COMPANY

## STATION 52

### APPLICATION FOR MEMBERSHIP

#### PERSONAL INFORMATION

NAME: (FIRST) (MI) (LAST)				DATE OF BIRTH:	
ADDRESS:				SOCIAL SECURITY #:	
TOWN:		STATE:		ZIP:	HOME PHONE #:
CURRENT AGE:	WEIGHT:	HEIGHT:	SEX:	CELL OR OTHER PHONE #:	
MARITAL STATUS:	SPOUSES NAME: (LAST) (FIRST)			NUMBER OF CHILDREN:	

#### DRIVERS LICENSE INFORMATION

<input type="checkbox"/> I DO NOT HAVE A DRIVERS LICENSE (SKIP TO EMPLOYMENT INFORMATION)			
LICENSE #:	STATE:	CLASS #:	EXPIRATION DATE:
PLEASE PROVIDE A COPY OF YOUR LICENSE WITH THIS APPLICATION			

#### VEHICLE INFORMATION

<input type="checkbox"/> I DO NOT DRIVE A VEHICLE (SKIP THIS SECTION)					
YEAR:	MAKE:	MODEL:	COLOR:	PLATE #:	STATE:

#### EMPLOYMENT INFORMATION

MAY WE CONTACT YOUR EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		EMPLOYER NAME:			
ADDRESS:		TOWN:		ZIP:	ZIP:
SUPERVISOR:		BUSINESS PHONE:	CURRENTLY EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO		

#### FIRE / PUBLIC SAFETY ORGANIZATION INFORMATION

HAVE YOU EVER BEEN A MEMBER / EMPLOYEE OF A PUBLIC SAFETY ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU ANSWERED YES PLEASE PROVIDE THE FOLLOWING INFORMATION:	

NAME:OF ORGANIZATION:		TOWN / STATE:
POSITIONS HELD:	DATE OF SERVICE: FROM / TO /	
NAME OF ORGANIZATION:		TOWN / STATE:
POSITIONS HELD:	DATE OF SERVICE: FROM / TO /	
NAME OF ORGANIZATION:		TOWN / STATE:
POSITIONS HELD:	DATE OF SERVICE: FROM / TO /	
SPECIAL TRAINING: (SUBMIT COPIES OF CERTIFICATIONS)		
IF CURRENTLY AN EMT OR PARAMEDIC PLEASE PROVIDE EMT OR CERTIFICATION NUMBER.		

PERSONAL REFERENCES	
LIST THREE INDIVIDUALS, NON-RELATIVES, WHO YOU HAVE KNOWN FOR 3 OR MORE YEARS	
NAME OF ORGANIZATION:	TOWN / STATE:
NAME OF ORGANIZATION:	TOWN / STATE:
NAME OF ORGANIZATION:	TOWN / STATE:

MEDICAL INFORMATION
<p>DO YOU HAVE ANY MENTAL/MEDICAL/PHYSICAL PROBLEMS THAT WOULD PREVENT YOU FROM PERFORMING FIRE COMPANY DUTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>DO YOU HAVE ANY KNOWN ALLERGIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>ARE YOU CURRENTLY ON PRESCRIPTION MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>WERE YOU EVER INJURED OR HAVE PHYSICAL LIMITATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:</p> <p>INDICATE ANY OF THE FOLLOWING RESTRICTIONS OR CONDITIONS:  <input type="checkbox"/> HEARING <input type="checkbox"/> VISION <input type="checkbox"/> SPEECH <input type="checkbox"/> HEART <input type="checkbox"/> BACK <input type="checkbox"/> HIGH BLOOD PRESSURE <input type="checkbox"/> OTHER</p> <p>BLOOD TYPE: _____ FAMILY PHYSICIAN: _____ PHONE NUMBER: _____</p> <p>REQUESTED HOSPITAL: _____</p>

EMERGENCY CONTACT		
NAME:	HOME PHONE:	OTHER PHONE:
ADDRESS:		TOWN / STATE / ZIP:

## CRIMINAL BACKGROUND CHECK

HAVE YOU EVER BEEN CONVICTED OF SUMMARY, MISDEMEANOR, OR FELONY CRIME? (PLEASE CHECK) ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

## MEMBERSHIP TYPE REQUESTED

**FIREFIGHTER** ☐

**FIRE POLICE** ☐

**JUNIOR FIREFIGHTER** ☐

**ACTIVITIES** ☐

**ADMINISTRATIVE** ☐

**OTHER** ☐

IF OTHER, PLEASE EXPLAIN:

**\*\*JUNIOR FIREFIGHTER AGE RANGE 14 – 17 YRS\*\*** (MUST BE 18 TO BECOME SENIOR FIREFIGHTER)

## **JUNIOR MEMBERSHIP APPLICANTS & PARENTS MUST READ!!**

All individuals applying as junior members must be at least 14 years of age at the time the membership application is read at the company meeting. Further rules and regulations apply to junior members and working papers must be submitted along with the application. A parental signature is also required. A junior member upon being accepted will meet with the fire chief to review rules and regulations. This must be completed prior to any activity involving the junior member.

## **MEMBERSHIP AGREEMENT**

I have read the above application and understood the contents of it. I hereby authorize the Christiana Fire Company the right to thoroughly investigate all information provided.

Further, I understand that the Christiana Fire Company may do a criminal background check through law enforcement agencies and computerized criminal histories at the local / state and federal levels, as well as checking my driving history records.

I also understand that prior to being accepted as a member of the fire company that I may be requested to take any or all of the following tests if requested by the company: **Alcohol/Drug/Illegal Substance Abuse Test, Mental Competency Test, Physical/Stress test.** I am also aware that these tests may be administered following any accident at the request of the company.

If accepted as a member of the fire company I also understand that I will be a probationary member for the first 180 days of acceptance and at the discretion of the company, my membership may be terminated at any point during this time period for any reason or have the period extended for further evaluation.

I release from liability all persons, companies, and corporations supplying such background information. Furthermore I release and hold harmless the Christiana Fire Company from and against any and all liability which may result from making such an investigation.

I understand that any false answer, statement or representation made by myself in this application shall constitute sufficient cause for revocation of the application or membership with the Christiana Fire Company.

Members of the Christiana Fire Company reserve the rights to accept or reject any application upon a vote of the fire company at any monthly business meeting.

Lastly I understand that the Christiana Fire Company may hold my membership application for a period of up to 60 days if further background information is needed.

**\*\*NOTICE\*\* ANNUAL MEMBERSHIP DUES ARE \$5.00 PER YEAR AND THE FIRST YEAR'S DUES MUST ACCOMPANY THIS APPLICATION AT TIME OF SUBMITTAL\*\***

## **NOTICE: IF AN APPLICANT IS UNDER AGE 18.. A PARENT OR GUARDIANS SIGNATURE MUST BE SUPPLIED!**

PRINTED NAME OF APPLICANT:

SIGNATURE:

DATE:

PRINTED NAME OF PARENT / GUARDIAN: (IF UNDER 18 YRS OLD)

SIGNATURE: (IF UNDER 18 YRS OLD)

DATE:

IF APPLICANT IS BEING RECOMMENDED BY A MEMBER OF THE CHRISTIANA FIRE COMPANY PLEASE HAVE THAT MEMBER SIGN NAME HERE:

**DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)**

BACKGROUND CHECK PERFORMED BY:

DATE COMPLETED:

APPLICATION FEE RECEIVED BY:

APPLICATION REVIEWED BY: (FIRE CHIEF OR PRESIDENT ONLY)

ACCEPTED

DATE

REJECTED:

DATE:

HELD OVER /REASON:

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.

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**

**<https://epatch.pa.gov>**

<b>REQUESTER NAME</b>	
<b>ADDRESS</b>	
<b>CITY/STATE/ ZIP CODE</b>	
<b>TELEPHONE NO. (AREA CODE)</b>	

**FOR CENTRAL REPOSITORY USE ONLY  
CONTROL NUMBER**

**AFTER COMPLETION MAIL TO:**

**PENNSYLVANIA STATE POLICE  
CENTRAL REPOSITORY – RCP  
1800 ELMERTON AVENUE  
HARRISBURG, PA 17110-9758**

SUBJECT OF RECORD CHECK				
<b>(FIRST)</b>	<b>(MIDDLE)</b>	<b>(LAST)</b>		
<b>MAIDEN NAME AND/OR ALIASES</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH (MM/DD/YYYY)</b>	<b>SEX</b>	<b>RACE</b>
<b>VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)</b>		<b>TELEPHONE NUMBER</b>		

**The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.**

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 \$22 fee is being waived because of my status as an unpaid volunteer.

**REQUESTER SIGNATURE** ( \*Signature required for processing\* )

**DATE**

**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.**

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:

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Date

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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.**

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Date

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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**



# 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 <input type="checkbox"/> Prospective adoptive parent <input type="checkbox"/> Employee of child care services <input type="checkbox"/> School employee governed by the Public School Code <input type="checkbox"/> School employee not governed by the Public School Code <input type="checkbox"/> Self-employed provider of child-care services in a family child-care home <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 <input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program <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 <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 <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 <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 <b>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</b> <input type="checkbox"/> Big Brother/Big Sister and/or affiliate <input type="checkbox"/> Domestic violence shelter and/or affiliate <input type="checkbox"/> Rape crisis center and/or affiliate <input type="checkbox"/> Other: _____ <input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)  <div style="display: flex; justify-content: space-between;"> <div>_____ SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div>_____ OIM/CAO PHONE NUMBER</div> </div>
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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.

**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)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

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

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

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

## **NEGLECT, ABUSE AND SEXUAL ABUSE OR MOLESTATION PREVENTION POLICY**

Christiana Fire Company does not permit or allow neglect, abuse or sexual abuse or molestation to occur in the workplace or at any activity sponsored by or related to it. In order to make this “zero-tolerance” policy clear to all employees, volunteers and staff members, we have adopted mandatory procedures that employees, volunteers, family members, board members, individuals and victims must follow when they learn of or witness sexual abuse or molestation.

Child abuse is defined as when an individual acts or fails to prevent something that causes serious harm to an individual under the age of 18. This harm can take many forms such as serious physical injury, serious mental injury, neglect, or sexual abuse or exploitation.

According to the Child Protective Services Law (CPSL) child abuse requires acts or failures to act be committed **intentionally, knowingly or recklessly**.

### **Child abuse has been defined as any of the following:**

- Bodily injury which includes impairment of a physical condition or substantial pain
- Behaviors that result in exposing children to potentially harmful medical evaluations or treatment such as fabricating, feigning or inducing a medical symptom or disease (Munchausen Syndrome by Proxy).
- Serious mental injury which includes causing or substantially contributing to the injury through any act or failure to act or series of such acts or failures to act.
- Child abuse also includes the following acts in which the act itself constitutes abuse without any resulting injury or condition such as:
  - Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child;
  - Unreasonably restraining or confining a child;
  - Forcefully shaking, slapping or otherwise striking a child under one year of age;
  - Interfering with the breathing of a child;
  - Knowingly leaving a child unsupervised with an individual, other than the child’s parent, who is required to register as a sexual offender, sexually violent predator or sexually violent delinquent. This also includes individuals who the parent reasonably should have known were required to register in one of the categories above.
- Causing the death of a child through any act or failure to act.
- Causing or creating the likelihood of sexual abuse or exploitation of a child through any act or failure to act constitutes sexual abuse.
- Serious physical neglect includes egregious behavior, meaning situations when the behavior might have only occurred one time, but is bizarre or unimaginable and created one of the circumstances that would fall under this category of abuse.

**Definition of Sexual Abuse or Exploitation:** Specifically, any of the following:

- 1) The employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, which includes, but is not limited to the following:
  - (i) Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.
  - (ii) Participating in sexually explicit conversation either in person , by telephone, by computer or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.
  - (iii) Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.
  - (iv) Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting or filming.

Consensual activities between two children, ages 14-18 are excluded as sexual abuse unless any of the following - which involve the use of force or coercion - were committed: Rape; Statutory sexual assault; Involuntary deviate sexual intercourse; Indecent exposure; Incest; Prostitution; Sexual abuse; Unlawful contact with a minor; or Sexual exploitation.

### **Indicators of Sexual abuse**

There are a number of “red flags” that suggest someone is being sexually abused. They take the form of physical or behavioral evidence.

Physical evidence of sexual abuse includes, but are not limited to:

- Sexually transmitted diseases;
- Difficulty walking or ambulating normally;
- Stained, bloody or torn undergarments;
- Genital pain or itching; and
- Physical injuries involving the external genitalia.

Behavioral signals suggestive of sexual abuse include, but are not limited to:

- Fear or reluctance about being left in the care of a particular person;
- Recoiling from being touched;
- Bundling oneself in excessive clothing, especially night clothes;
- Discomfort or apprehension when sex is referred to or discussed; and
- Nightmares or fear of night and/or darkness.

### **Reporting Procedure**

All staff members who learn of sexual abuse being committed must immediately report it to an executive board member or Fire Chief. If the victim is an adult, the abuse will be reported by this designee to the local or state Adult Protective Services (APS) Agency. If the victim is a child, the designee will report it to ChildLine at 1-800-932-0313. ChildLine is available 24 hours/7 days a week. As a mandated reporter, you must provide your name and contact information when making the call. After making the call, mandated reporters must follow up with an electronic report or a written report



completed on the CY-47 form within 48 hours of making the oral report. Appropriate Family members of the victim must be notified immediately of suspected child abuse.

## **Investigation & Follow-Up**

We take allegations of neglect, abuse or sexual abuse, or molestation seriously. Once the allegation is reported, we will promptly, thoroughly and impartially initiate an investigation to determine whether there is a reasonable basis to believe that sexual abuse has been committed. Our investigation may be undertaken by either an internal team or we may hire an independent third party. We will cooperate fully with any investigation conducted by law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the subject of the investigation on an involuntary leave of absence or reassign that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected abuse to appropriate authorities, we will endeavor to keep the identities of the alleged victims and investigation subject confidential.

If the investigation substantiates the allegation, our policy provides for disciplinary penalties, including but not limited to termination of the actor's relationship with our organization.

## **Retaliation Prohibited**

We prohibit any retaliation against anyone, including an employee, volunteer, board member, student or individual, who in good faith reports sexual abuse, alleges that it is being committed or participates in the investigation. Intentionally false or malicious accusations of sexual abuse are prohibited.

Anyone who improperly retaliates against someone who has made a good faith allegation of sexual abuse, or intentionally provides false information to that effect, will be subject to discipline, up to and including termination.

## **ACKNOWLEDGMENT OF RECEIPT OF ABUSE POLICY**

I, \_\_\_\_\_, acknowledge that I have received and read the neglect, abuse and sexual abuse or molestation policy immediately preceding my signature below. I understand that I am bound to follow the policy and understand the consequences in the event that I fail to do so.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Print name of Employee/Volunteer

\_\_\_\_\_  
Signature

Date(s) of Annual Review(s) (employee/volunteer to write date in his/her own handwriting) (Add additional sheets if necessary).

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

# IamResponding Form

<b>First Name</b>	
<b>Last Name</b>	
<b>Mobile Carrier</b>	
<b>Text Carrier</b>	
<b>Membership Category</b>	
<b>Username</b>	
<b>Password</b>	