

Montgomery County Youth Aid Panel (YAP)

Clearances under the current Child Protective Services Law

- A. Under the current Child Protective Services Law enacted in 2014, Youth Aid Panel volunteers, now considered mandated reporters, must comply with all of the following (costs covered by YAP Program):
1. Report of Criminal History Check from Pennsylvania State Police (PSP).
 2. PA Child Abuse History Clearance from the Department of Human Services.
 3. Maintained continuous residency in Pennsylvania for the past 10 years.
 4. Swear or affirm in writing (document attached to YAP application) that applicant has not been named as a perpetrator of a founded child abuse report, or convicted of any of the enumerated offenses contained on attached "Affirmation Document".

In the event that an applicant has not been a continuous resident in Pennsylvania for the past 10 years, a Federal Criminal History Record Information (FBI Clearance) must be obtained by submitting a full set of fingerprints to the Pennsylvania State Police for submission to the Federal Bureau of Investigation, for the purpose of verifying the identity of the applicant and obtaining a current record of any criminal arrests and convictions.

- B. All YAP volunteers must complete Mandated Reporter training for suspected child abuse and neglect. The link for this training is: www.reportabusepa.pitt.edu. This training will last approximately 3 hours and you will receive a **certificate of completion**, which needs to be submitted to the YAP Program.
- C. All of the above clearances and requirements must be completed by July 1, 2015.
- D. All clearances and requirements must be renewed every 36 months.

Included in this packet are:

- YAP Application
- Request for Criminal Record Check
- PA Child Abuse History Clearance
- Affirmation Document

Please consult with YAP Coordinator if FBI Clearance is needed.

OFFICE OF THE DISTRICT ATTORNEY
MONTGOMERY COUNTY YOUTH AID PANEL PROGRAM
VOLUNTEER APPLICATION

ELIGIBILITY REQUIREMENTS FOR ALL VOLUNTEERS

United States citizen; 18+ years of age; Montgomery County resident; no prior arrest, criminal conviction or other non-trial disposition; meet all requirements under the "Child Protection Law" enacted in 2014; not currently employed as a law enforcement officer or hold elected/ appointed public office.

Name _____ Date of Birth _____ SS# _____

Street _____ City _____ Zip _____

How long have you lived at your current address? _____

Previous Address: Street _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Occupation _____ Employer _____

Are you a citizen of the United States?	YES	NO
Have you been a continuous resident of Pennsylvania for the past 10 years?	YES	NO
Have you been arrested or convicted of a crime? (Excluding minor traffic citations)	YES	NO
Are you seeking or do you hold elected or appointed public office?	YES	NO
Are you currently employed as a law enforcement officer?	YES	NO

CERTIFICATION STATEMENT

I certify that the statements made in this YAP volunteer application are true and correct to the best of my knowledge and belief. I hereby authorize and grant permission to the Montgomery County District Attorney's Office, the Montgomery County Detective Bureau, and its designees, to fully investigate and verify the information contained herein, including but not limited to, records relating to my criminal history and information from Children and Youth Services. I understand that providing false information or failing to provide complete information shall constitute grounds for rejection of my application and/or immediate dismissal as a volunteer. Individuals with a criminal record of any type are not eligible to volunteer in this program. The District Attorney's Office has sole discretion whether to accept a volunteer for the program.

Print Name _____ Signature _____ Date _____

MAIL TO: Montgomery County Office of the District Attorney
Juvenile Division ATTN: Youth Aid Panel
P.O. Box 311 Norristown PA 19404-0311

OR

SCAN and EMAIL TO: DA.YAP@montcopa.org

PHONE ASSISTANCE: (610)551-6628

VOLUNTEER QUESTIONS

How did you hear about the Youth Aid Panel program?

What is your previous volunteer experience, if any?

Youth Aid Panels are comprised of small groups who must work together and reach a consensus regarding proper resolutions. What are your strengths and/or challenges when working in a small group setting?

Why do you want to serve as a volunteer for the Youth Aid Panel Program?

PERSONAL REFERENCES (MUST LIST TWO)

Name _____ Phone _____ Cell _____

Street _____ City _____ State _____ Zip _____

Name _____ Phone _____ Cell _____

Street _____ City _____ State _____ Zip _____

**THANK YOU FOR YOUR INTEREST IN SERVING AS A VOLUNTEER FOR
THE MONTGOMERY COUNTY YOUTH AID PANEL PROGRAM!**

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

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>

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

**FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER**

AFTER COMPLETION MAIL TO:
PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

1-888-QUERYPA (1-888-783-7972)
**DO NOT SEND CASH OR PERSONAL
CHECK**

CHECK ONE BLOCK

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO:
"COMMONWEALTH OF PENNSYLVANIA"
THE FEE IS NONREFUNDABLE

NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$15.00, PAYABLE TO:
"COMMONWEALTH OF PENNSYLVANIA"
THE FEE IS NONREFUNDABLE

FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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NAME/SUBJECT OF RECORD CHECK (FIRST)		(MIDDLE)		(LAST)	
MAIDEN NAME AND/OR ALIASES		SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YYYY)	SEX
				RACE	

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*

FEEES FOR REQUESTS - \$10.00. NOTARIZED FEE REQUESTS - \$15.00.
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

REASON FOR REQUEST

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$15.00 FOR REQUEST)

<input type="checkbox"/> ADOPTION (DOMESTIC)	<input type="checkbox"/> EMPLOYMENT/SCREENING	<input type="checkbox"/> PASSPORT
<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> PRIVATE INVESTIGATIONS
<input type="checkbox"/> BANKING	<input type="checkbox"/> HEALTHCARE	<input type="checkbox"/> SOCIAL SERVICES
<input type="checkbox"/> BAR ASSOCIATION	<input type="checkbox"/> HOUSING	<input type="checkbox"/> TENANT CHECK
<input type="checkbox"/> CHURCH	<input type="checkbox"/> INSURANCE LICENSE	<input type="checkbox"/> VISA
<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> NURSE AID TRAINING	<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> ELDER CARE	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> EMERGENCY MANAGEMENT		

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY WITH A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID, SEE TERMS & CONDITIONS)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT AND REQUIRED COPY OF GOVERNMENT PHOTO ID ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

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.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. **DO NOT send cash or personal check.**
 Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170
APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NO.

SEX

M F

COUNTY YOU LIVE IN

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- Child Care Services Employee
- Foster Care Adoption School Employee
- Employment with a significant likelihood of regular contact with children
- Volunteers - A copy of your **PROCESSED** "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their **PROCESSED** FBI clearance (Form FD-258).
- DPW Employment & Training Program Participant
(signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

1. (LAST, FIRST, MIDDLE)
2. (LAST, FIRST, MIDDLE)
3. (LAST, FIRST, MIDDLE)
4. (LAST, FIRST, MIDDLE)
5. (LAST, FIRST, MIDDLE)

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

NAME (Last, First, Middle) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify 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).

Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II		RESULTS OF HISTORY CHECK	
<input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.		<input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).	
STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.	-	3.	-
2.	-	4.	-
_____		_____	
VERIFIER	DATE	VERIFIER'S SUPERVISOR	DATE

SECTION III		VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES	
<p>_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.</p> <p>The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.</p> <p>It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.</p>			
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE			
<p><input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred in the last five years.</p> <p><input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred over five years ago.</p> <p><input type="checkbox"/> Applicant is named as the perpetrator of an indicated child abuse or school employee report.</p> <p><input type="checkbox"/> Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.</p>			
PENNSYLVANIA STATE POLICE CLEARANCE			
<p><input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> No record exists. Report attached.</p>			
FBI CLEARANCE			
<p><input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.</p> <p><input type="checkbox"/> No record exists. Report attached.</p> <p><input type="checkbox"/> No FBI clearance required.</p>			
_____		_____	
VERIFIER	DATE	VERIFIER'S SUPERVISOR	DATE

**DIRECTIONS TO COMPLETE THE
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE APPLICATION:**

1. Applicants are to complete Section I only.
2. Type or print clearly and neatly in ink only.
3. The space for the applicant's name must be the applicant's full legal name. An initial is not acceptable for a first name. The address listed must be applicant's current home address. This is also where the results of the clearance will be mailed.
4. The applicant's Social Security number is voluntary. If filling in the Social Security number please fill in the entire Social Security number.
5. Age – Fill in the applicant's current age.
6. Date of Birth – Fill in the applicant's date of birth (Example: 01/22/1990).
7. Daytime Phone Number – Fill in the number for where the applicant can be reached in the event that there are questions about the information on the application.
8. Sex – Check the appropriate box for male or female.
9. County You Live In – Fill in the name of the county where you reside (this should be the county for the address that the applicant filled in the space on the left of this section).
10. **Purpose of Clearance** – Do not check more than one block:
 - a. Check the Child Care box if planning to work in a day care or child care setting.
 - b. Check the Foster Care box if applying as a prospective foster parent.
 - c. Check the School Employee box if seeking to have involvement within a school (public, private, vocational, or technical) for employment or volunteer purposes OR check this box if a child abuse clearance is needed due to enrollment in an educational program such as a nursing school or technical program.
 - d. Check the Adoption Block if in the process or planning to adopt a child.
 - e. Check Employment With A Significant Likelihood of Regular Contact With Children if NONE of the other options relate to why a child abuse clearance is needed.
 - f. Check the Volunteers box if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League, or churches. As noted on the form, if the Volunteer box is checked, the applicant must also attached A COPY of the RESULTS from their PA State Police Criminal History Record Check. Do not send original criminal record results because the original cannot be returned. If the applicant is not a current Pennsylvania resident, the applicant must also attach a copy of their FBI Criminal History results obtained within the past year.
 - g. Check the DPW Employment & Training Program Participant box if the applicant is participating in a Department of Public Welfare employment and training program through a county assistance office, or CAO, or the Office of Income Maintenance, OIM. The signature **AND** phone number of the CAO or OIM representative is required.
11. 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, aliases and also known as (aka) names.
12. 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 will be acceptable.
13. Household Members - Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). If the applicant was under the age of 18 in 1975 this section must include other household members who lived with the applicant or with whom the applicant lived. Please note the household member's relationship to the applicant, their age (to the best of your knowledge) and their sex. Applications where this section is left blank will be rejected and returned to the applicant.
14. Applications must be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.
15. Enclose a \$10.00 money order for each application. No cash or personal checks will be accepted. Agency or business checks are acceptable.
16. Do not send any postage paid return envelopes for us to return your results. Results are issued through an automated system generated mailing process.

Note: Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. Failure to comply with the above instructions will cause considerable delay in processing the results of an applicant's child abuse clearance.

Montgomery County Youth Aid Panel

Affirmation Document

I, _____, swear or affirm that I have been a continuous resident of Pennsylvania for the past 10 years, that I have not been named in the statewide database maintained by the Department of Human Services (formerly Department of Public Welfare) as a perpetrator of a founded child abuse report, and I have not been convicted of any of the following crimes in Pennsylvania under Title 18 (relating to crimes and offenses), or an equivalent crime under federal law or the law of another state:

- 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 the death of a child).
- Section 4304 (relating to endangering welfare of children).
- Section 4305 (relating to dealing in infant children).
- A felony offense under 5902(b) (relating to prostitution and related offenses).
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
- Section 6301 (relating to corruption of minors).
- Section 6312 (relating to sexual abuse of children).
- A felony offense under the Controlled Substance, Drug, Device and Cosmetic Act.
- The attempt, solicitation or conspiracy to commit any of the offenses set forth above.

Print

Date

Signature