



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

SAFE ENVIRONMENT **CYO VOLUNTEER REQUIREMENTS CHECKLIST**

All CYO Volunteers who have any contact with children must have the following:

- 1. Pennsylvania State Police Criminal Record Check** (Pennsylvania Access to Criminal History (PATCH)) (Less than one year old, recheck every 5 years) – new volunteers please complete PATCH online at: [Pennsylvania Access To Criminal History - Home \(state.pa.us\)](https://www.pennsylvaniaaccess.com) please click on “New Volunteer Record Check”, OR send your completed “Background Authorization Form” to punger@allentowndioocese.org
- 2. Pennsylvania Child Abuse History Certificate** (Recheck every 5 years). To obtain the **Pennsylvania Child Abuse History Certificate**: <https://www.compass.state.pa.us/cwis/public/home> . A free check is available every 57 months. A free payment code is available through your Local Safe Environment Coordinator or your CYO Representative.
- 3. Federal Bureau of Investigation Criminal “DHS” Background Fingerprint Check** (18+ years old)(less than one year old, recheck every 5 years) –payment code is available through your Local Safe Environment Coordinator or your CYO Representative. Register for the fingerprint at <https://uenroll.identogo.com> with payment code obtained from Local Safe Environment Coordinator (LSEC). During registration, make appointment for fingerprint scanning at a nearby public site. Print receipt, take it to the appointment and provide receipt to the LSEC. Approximately two weeks after fingerprinting, you will receive the results in the mail. Bring the original document to the Local Safe Environment Coordinator for submission to the Diocese when you receive it.
- 4. Signed Acknowledgment form for 2022 Diocese of Allentown Sexual Abuse Policy** which can be reviewed at: <http://www.allentowndioocese.org/the-diocese/youth-protection/>
- 5. Signed Acknowledgment form for 2022 Diocese of Allentown Code of Conduct** which can be reviewed at: <http://www.allentowndioocese.org/the-diocese/youth-protection/>
- 6. Signed Acknowledgment form for 2022 Diocese of Allentown Social Media and Electronic Communications Policies** which can be reviewed at: <http://www.allentowndioocese.org/the-diocese/youth-protection/>
- 7. Protecting God’s Children attendance certificate**, only needs to be done once, please see attached directions. Print certificate of completion
- 8. Certificate from Mandated Reporting Training** (good for 5 years) Mandated Reporter Training can be done at www.reportabusepa.pitt.edu. Please see attached directions. Print certificate of completion.
- 9. Acknowledgement Form for Child Protective Services Law (CPSL) Policy**. Review the Diocese of Allentown’s Child Protective Services Law Policy (attached) and sign the acknowledgement form.
- 10. Signed Background Check Authorization Form**, attached
- 11. Signed Coaches Code of Conduct**
https://www.allentowndioocese.org/sites/default/files/201708/DIOCESE_OF_ALLENTOWN_CODES_OF_CONDUCT_2015.pdf
- 12. Concussion/Sudden Cardiac Arrest Training Completion certificate**
- 13. Motor Vehicle Report** – if driving on behalf of a Diocesan location, please fill out part “C” and “E” of the attached “Request for Driver Information Form”. Please mail original to Diocese of Allentown Safe Environment Office, PO Box F, Allentown PA 18105-1538
- 14. National Sex Offender Registry Check**, must be less than a year old and completed every five years.
<https://www.dhs.pa.gov/KeepKidsSafe/Resources/Documents/NSOR.APPLICATION.05.02.22.pdf>

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
ALLENTOWN, PENNSYLVANIA 18102



DIOCESE OF ALLENTOWN
 OFFICE OF CATHOLIC HEALTH,
 HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
 POST OFFICE BOX F
 ALLENTOWN, PENNSYLVANIA 18105-1538
Background Check Authorization Form

Have you resided in the State of Pennsylvania for more than a year?
 Yes _____ No _____

Does position require interaction with children? Yes ___ No ___

UEID _____

- | | |
|------------------------------|----------------------------------|
| Location Type: | Diocesan Position: |
| <input type="radio"/> Parish | <input type="radio"/> Contractor |
| <input type="radio"/> School | <input type="radio"/> Employee |
| <input type="radio"/> Both | <input type="radio"/> Priest |
| | <input type="radio"/> Religious |
| | <input type="radio"/> Teacher |
| | <input type="radio"/> Volunteer |

PERSONAL INFORMATION - PLEASE PRINT

Full Name _____ Female
 Last First Middle Male

Alias(es) _____ Race _____
 Last First Middle

Date of Birth: ___ / ___ / ___ Social Security Number _____
 Mm dd yyyy Employees Only

Current Address: _____
 Street Address Apartment Number

 City State Zip Code

Phone: _____ Email Address: _____

Diocesan Location _____
 Site Name (IE St. Joseph) City (Bethlehem)

ACKNOWLEDGEMENT SIGNATURE

I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquires and sharing this information with another Roman Catholic Diocese, as necessary.

 Signature Date

- * Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.
- * Parish /School must retain a copy of this completed form in the employee/volunteer's file.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

DIOCESE OF ALLENTOWN
Instructions to Obtain VOLUNTEER

Child Abuse History Certification Clearances

<https://www.compass.state.pa.us/cwis/public/home>

Create and Access an Individual Account

1. Use the address above to access the site to apply for a clearance.
2. You will need to begin the process of applying for a Child Abuse Clearance by creating an individual account. Click the "Create an Individual Account" button.
3. Read the information for creating a Keystone ID on the "Create Keystone ID: General Information" page. Click Next.
4. Create a Keystone ID. It can be any user name that you are familiar with for example: lastnamefirstinitialmiddleinitial like "smithab."
5. Be sure to write down your chosen questions and the answers exactly. You will need the exact spelling of the answer for future use when asked the question as a security measure.
6. At this point you will receive an email with your Keystone ID (user name). Print this email for your records. You will receive a second email with a temporary password. Copy just the password for you next login.
7. Login to the system by clicking "Individual Login" on the home page given above.
8. Click "Access my Clearances."
9. Use your Keystone ID and the temporary password you received in your email to login to the system.
10. Choose a method to verify your identity, either answering security questions or receiving a verification code at your email address.
11. Answer "What type of device are you using?" with one of the following options:
 - a. "Public" as in a public device like one that might be at a library or a school
 - b. "Private" as in a private device that you own
12. Set a permanent password and write it down for your records. Close the window.
13. Login to the system (web address above) again using your Keystone ID and the permanent password that you have set.
14. Once you have logged in, you will be taken to the "My Child Welfare Terms and Conditions" page. Read through it and then select "I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions" box at the bottom of the page and click "Next".
15. Click "Continue."

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

DIOCESE OF ALLENTOWN

Instructions to Obtain DHS Fingerprints for all Volunteers and Parish Employees

Go to the registration site: <https://uenroll.identogo.com/>

Enter your Service Code to get started

- **Volunteer** – **1KG6ZJ** for DHS Volunteer
- **Employee** - **1KG756** for DHS Employee

Select Schedule or Manage Appointment.

During registration:

- You will be required to enter your personal information.
- Information marked with a red asterisk (*) is required.
- To receive a copy of your receipt by email, you must enter your email as your preferred form of contact. If you do not enter an email, no receipt will be sent to you.
- You will be asked to fill in Employee Information, please enter
Employee Name: Diocese of Allentown
Country: United States
Address Line 1: PO Box F
Address Line 2: - leave blank-
City: Allentown
State: Pennsylvania Postal Code: 18105-1538
- You will be asked if your mailing address is the same as your residential address, please select **NO**
When the mailing address comes up, please enter, PO Box F, Diocese of Allentown, Allentown PA. 18105. Please enter your home address in the residential address area.

Payment Code

- You will be asked to enter your authorization/coupon/payment code (included on above label). The first 5 digits of the code should correspond to the service code that you used to start the registration process (in yellow above).
- Once you have finished entering your information, you can choose a fingerprint location by zip code. Select an appointment time and schedule your fingerprints.
- Print a copy of the confirmation to take with you to fingerprinting appointment AND for your records.
- At the time of your appointment, you will receive a printed receipt, please give a copy to your location, keep the original for your files.
- An official copy of your results will be sent to your email address if you selected to be contacted through email. Please do not open on your phone. Your unofficial results are only available once, through a one-time use link. **Do NOT login with your phone** because the system doesn't allow letters pulled via mobile devices, but it does count as your single login. Only use the link provided by Identogo when you are on a computer and have the ability to save and print it. Please keep this copy (either from email or regular mail) for your records.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING SOCIAL MEDIA AND ELECTRONIC
COMMUNICATIONS

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Social Media and Electronic Communications. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Social Media and Electronic Communications or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Social Media and Electronic Communications and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING CODE OF CONDUCT

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Code of Conduct. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Code of Conduct or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Code of Conduct and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name




DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

Instructions to Obtain PGC Certificates

Protecting God's Children Program (PGC)

The Protecting God's Children™ program is a virtual training that includes videos and question and answer segments. All clergy, employees, or volunteers who interact with children are required to attend. Currently Protecting God's Children is once and done.

1. Please visit <https://www.virtusonline.org/virtus/>
2. Select the **"First-Time Registrant"** button
3. Select  **"Begin the registration process"**
4. Using the dropdown arrow select **"Allentown, PA (Diocese)"**
5. Click **"yes or no"** if you have previously registered with Virtus. Select **"No"** if you are not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill in all *items. Do not select **"No Email,"** you must have an email address to do the virtual training.
8. Please select the primary location you will be volunteering/employed
Please select at least one primary role you perform at this location
Please select any additional roles you perform at this location
Please enter your actual title or position of service
9. Select **"Yes"** if you are associated with any other diocesan locations, **"No"** if you are not.
10. Please answer the four questions on the next page, by selecting **"Yes"** or **"No"**
11. Please print and read the documents on the next page, **select "I have read and understand this document", fill in your name and the date, select continue.**
12. On the next page **Select "Online Training" or "Online Spanish Training,"** then click the **"Continue Button"**
13. Have you already attended a VIRTUS Protecting God's Children Session? select **"Yes" or "No"**
14. If you selected **"No"** please select the training you'd like to take (English or Spanish).
15. Your home page will open, please click on **You have 1 online module assigned,** to start your training.
16. Thank you for registering for Virtus Online.
17. Upon completion, please sign out. After 72 hours sign back in to your account and print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator. Certificate can be found under training history.
18. The following roles will be assigned monthly online readings on the Virtus website:



| | | | | |
|-----------|----------|-------------|-----------------|-----------------------------|
| Priests | Deacons | Seminarians | Principals | K of C with Squire Programs |
| DRE/CRE | LSEC | Coaches | Youth Ministers | Prep/CCD Teachers |
| Employees | Teachers | | | |



Child Protective Services Law

All persons (including volunteers) who come into contact with children at any time in the course of their work **are considered mandated reporters of child abuse** and are required by State Law to report to law enforcement authorities all cases of suspected child abuse.

Any person who willfully fails to report child abuse commits a crime and is subject to prosecution.

Persons having reasonable cause to suspect that a child has been subjected to child abuse, or acts of child abuse, shall report immediately to the following:

- If you suspect a child is in imminent danger from abuse,
PLEASE CALL 911 IMMEDIATELY.
- Please call the Child Abuse Hotline (24-hour): **1-800-932-0313**
- Please also complete the CY 47 form available from the County Children & Youth Services. It is to be filed within 48 hours of your call. The form is available for completion online at www.compass.state.pa.us/cwis or you may fax or mail the form to the appropriate Office of Children and Youth.
- Please call the Appropriate Office of Children and Youth Services:

| | | | |
|-------------|--------------|------------|--------------|
| Berks | 610-478-6700 | Bucks | 215-348-6950 |
| Carbon | 570-325-3644 | Luzerne | 570-826-8710 |
| Lehigh | 610-782-3064 | Monroe | 570-420-3590 |
| Northampton | 610-829-4690 | New Jersey | 877-652-2873 |
| Schuylkill | 570-628-1050 | Montgomery | 610-278-5800 |
- The Pastor (or Board of Pastors of the Regional School)
- The Principal of the school
- Attorney Joseph A. Zator at 610-432-1900; please forward a copy of the CY-47 to Attorney Zator.
- If abuse occurs in a school setting, there may be additional reporting requirements. Please see your Principal. If the suspected perpetrator is the Principal, then see your Pastor, or the Superintendent of Education for the Diocese.
**Please document who you spoke to and when

Anyone making a report is immune from civil or criminal liability provided a report is made in good faith.

**The Diocese of Allentown urges any questions
about the interpretation of the law be resolved in favor of reporting.**



**DIOCESE OF ALLENTOWN
Child Protective Services Law Policy
Acknowledgment Form**

I hereby acknowledge that I have received a copy of the Diocese of Allentown's Child Protective Service Law Policy.

I have reviewed the Child Protective Services Law Policy and understand its contents, and the process that I must complete if I have reasonable cause to suspect that a child has been subjected to child abuse or acts of child abuse.

I further understand that the Diocese of Allentown has issued the Child Protective Services Law Policy for informational or guidance purposes only and that the Diocese does not intend for the Policy to create a contract or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Child Protective Services Law Policy, and it reserves the right to amend or interpret the Policy as it deems appropriate in its sole discretion. A copy of this acknowledgment form shall be placed in my personnel or volunteer file.

(Date)

(Signature of Employee/Volunteer)

(Please print name)

Location (Parish/School/Office)

City

Coaches Code of Conduct

With Almighty God as my witness, I hereby pledge to abide by the following Contract/Covenant:

- ❖ I will remember that I am a role model as a Christian and a good citizen for my participants, and as such I will always conduct myself in a mature manner, exercise good sportsmanship and always play by the rules in spirit and in word.
- ❖ I will foster an environment where all children will be given the ability to play and develop skills. I will do all in my power to discourage a "win at all costs" attitude.
- ❖ I will treat each participant as an individual, remembering the potential difference in emotional and physical development for the same age group.
- ❖ I will strive to remove all avoidable perils of competition by the application of intelligent and thoughtful cooperation with other coaches, officials, participants and spectators.
- ❖ I will lead by example in demonstrating fair play and sportsmanship to all my participants.
- ❖ I will do my best to organize practices that are fun and challenging for all my participants.
- ❖ I will ensure that I am knowledgeable in the rules of each activity I coach, and I will teach these rules to my participants.
- ❖ I will use those coaching techniques appropriate for each of the skills I teach.
- ❖ I will remember that I am a youth coach and that the activity is for the children and not adults.
- ❖ I promise to review and practice the necessary first aid principles needed to treat injuries to my participants.
- ❖ I will not question any official's decision. I will direct all my concerns to the District Commissioner.
- ❖ I will refrain from using profane, obscene or vulgar language at all times.
- ❖ I will not foster nor tolerate my participants using unnecessary and un-Christian tactics against opposing participants or own teammates. I will uphold the spirit of Christian sportsmanship. I will not look for loopholes in rules and ways to exploit such in word, deed or omission.
- ❖ I will reinforce and encourage a Christian environment and experience not only by my conduct, but by instructing parents and spectators about proper conduct when needed, and to support all official actions against disruptive and/or inappropriate behavior.
- ❖ I will use the activity for the welfare and character building of all participants, not for my own personal gain or satisfaction.
- ❖ I will not be guilty of personal verbal abuse or physical attack upon any participant, opposing coach, official or spectator for any real or imagined wrong decision or judgment.
- ❖ I will keep my personal opinions of any participant, coach, official or spectator out of public discussion during the activity. In an attempt to maintain and foster a Christian environment after said game, I will refrain from said comments immediately after the game. I understand that I am free to express my personal comments, opinions etc. at appropriate times and places.
- ❖ I will not be guilty of gestures indicating objection to decisions by officials or coaches such as throwing equipment or any other forceful action. Furthermore, I will not tolerate said behavior among my participants, assistant coaches and fans.
- ❖ I will respect the property of another team and the facility being used for the activity.

Violation of the Code may result in a minimum penalty of removal from a game or a maximum penalty of an indefinite suspension from all Diocesan CYO Programs. Suspension from any program within the Diocese will also result in simultaneous suspension from all Diocesan Youth Programs. A temporary suspension may be imposed upon a coach for egregious violations while the matter is justly investigated. Violations are subject to review OYYAM.

Coach's Printed Name and Signature

Date



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Return ORIGINAL form to:

Patricia Unger
Diocese of Allentown
P. O. Box F
Allentown, PA 18105

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

BASIC INFORMATION: \$12.00 FEE (*Driver history is not included*)

3 YEAR DRIVER RECORD: \$12.00 FEE

10 YEAR DRIVER RECORD: \$12.00 FEE (*Employment Purposes Only*)

FULL HISTORY: \$12.00 FEE

CERTIFIED DRIVER RECORD: \$38.00 FEE

COPY OF DOCUMENT FROM FILE (MICROFILM): \$12.00 FEE

CERTIFIED COPY OF DOCUMENT FROM FILE: \$38.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

A REQUESTER INFORMATION

NAME/COMPANY
Diocese of Allentown

ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.
P. O Box F

CITY STATE ZIP CODE
Allentown PA 18102

DAYTIME TELEPHONE NUMBER (REQUIRED) **(610) 871-5200**

RELATIONSHIP TO DRIVER (REQUIRED)

B END USER OF INFORMATION BEING REQUESTED

NAME/COMPANY

ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence

CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER (REQUIRED)

RELATIONSHIP TO DRIVER (REQUIRED)

C DRIVER INFORMATION

NAME: LAST FIRST INITIAL

ADDRESS

CITY

STATE ZIP CODE

PHONE NUMBER

DATE OF BIRTH DRIVER NUMBER

| | | |
|-------|-----|------|
| MONTH | DAY | YEAR |
|-------|-----|------|

D AFFIDAVIT OF INTENDED USE

Intended Use of the Information Requested: CHECK ONLY ONE

B = Driver Release (*Driver must complete Section E.*)

C = Credit Business (*Legitimate Business need in connection with a business transaction initiated by the driver.*)

C = Credit Potential Investor, Server or Current Insurer (*In connection with an assessment of the credit/payment risks associated with an existing credit obligation.*)

E = Employment (*To support the hiring or the continuation of employment. Driver must complete Section E.*)

R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.

K = Court Order must be attached. (*A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order --NOTE: Filed copy of certificate prerequisite MUST accompany subpoena.*)

L = Attorney representing driver identified in Section C (*Driver must complete Section E.*)

E DRIVER RELEASE

I _____ hereby request
NAME OF DRIVER

the Department of Transportation to furnish a copy of my PA Driver's Record to _____
NAME OF PERSON/COMPANY

X
SIGNATURE OF DRIVER DATE

I hereby Certify that _____
PRINTED NAME OF REQUESTER

will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include punishment of a fine not exceeding \$2,500, or to a term of imprisonment of not more than one year, or both.

X
SIGNATURE OF REQUESTER

F MICROFILM

TYPE OF DOCUMENT DATE OF VIOLATION

(see list of available documents below)

Documents Available:

- Citations
- Court Certifications
- Applications
- License Renewals
- Judgments
- Suspension Credit Affidavits
- Ignition Interlock Removal Letter
- Suspension/Revocation Letters
- Restoration Letters
- Rescind Letters
- Department Hearing or Exam Notice

Title _____

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

X
SIGNATURE OF PERSON ADMINISTERING OATH

S
E
A
L

SIGN IN PRESENCE OF NOTARY

MESSENGER NO.

APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: RA-PWNSOR@pa.gov In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit drop off box located at: 2525 North 7th Street, Harrisburg, PA 17110. Free parking is available in the visitor's lot at front of the building.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

Purpose of the National Sex Offender Registry Verification (Check one box only)

- Individual 18 years or older residing in the facility where child care is occurring.
- Individual working for a Regulated Child Care Provider.
- Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Volunteer of a child-care provider, group-daycare home or family child care home.

Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): _____

Social Security Number (XXX-XX-XXXX): _____

Date of Birth (MM/DD/YYYY): _____

Daytime Phone Number (XXX-XXX-XXXX): _____

Home Mailing Address: _____

_____ Include full street address, (Apt # or PO Box if applicable),

_____ City, State and Zip Code

E-mail Address: _____

I affirm 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 per Section 4904 of the Pennsylvania Crimes Code.

Signature: _____

Date: _____