



CALVARY CHURCH
STUDENT MINISTRIES
TEEN APPLICATION

Thank you for your willingness to serve at Calvary Church! Our desire is to provide a safe environment for the protection of our children and students, and to protect the reputation for all who serve children. All individuals involved in ministry to minors (children less than 18 years of age) must complete this application before they begin serving. Every 5 years thereafter, all volunteers are asked to update this application for service.

Your care to completely fill out every part of this form will speed along the application process. Therefore, do not leave any question unanswered. If requested information is not applicable to you, please write N/A.

Thank you again for your faithful service to the next generation here at Calvary Church. Your ministry to students is a crucial one as we model God's love, grace, and truth to them. May God grant you much eternal fruit through your ministry. If you have any questions, please contact Whitney Albright at walbright@calvarychurch.org or 560-2341. Thank you in advance!

The following are included in this application and must be completed/signed prior to serving:

- ☐ **Application for Service** (Pages 3-6)
- ☐ **Two (2) References** (Pages 6) - Online - Please have references complete the form found at <http://calvarychurch.org/ministries/student/leaders/reference>
- ☐ **CSM Leader Application** for individuals ages 18 and over (Pages 7-8)
- ☐ **Signed Doctrinal Basis** (Pages 9-10)

The following sections must be completed if you are over age 18 (or soon to be 18):

- ☐ **Pennsylvania Residency Verification** (Page 11)
- ☐ **National Background Check Authorization** (Page 13) (If you have lived in PA for the past 10 years or longer.)
- ☐ **Pennsylvania Child Abuse History Certification & Consent Release of Information Authorization**
 - Hard Copy (Pages 15-18) - Please complete the certification form and sign the consent form for the PA Child Abuse History Clearance. This allows the Clearance Certificate to be mailed to Calvary Church. Once it has been received, you may request the original or a copy of the certificate from Whitney Albright at walbright@calvarychurch.org.
 - Online - Please contact Tamara Brubaker at tbrubaker@calvarychurch.org or at the West Connection Center for instructions and to receive a fee-waived code to complete the form.

BACKGROUND CHECK REQUIREMENTS

Before final approval to serve is given, Calvary will be requesting a State Criminal Record Check and Child Abuse Clearance. A National Background Check will be required if you have lived in PA for at least the past 10 consecutive years. **An FBI Criminal History Clearance Certificate will also be required if you have not lived in PA for at least the past 10 consecutive years. If this applies to you, you will be contacted after you submit this application.**

Child abuse clearances and PA background checks can be obtained for free for volunteers once every 5 years. If you obtained either of these clearances and/or an FBI Criminal History Clearance/Fingerprints in the last 5 years, please provide copies of these to Calvary Church.

REFERENCES: References cannot be relatives. They must fall into one of these categories:

1. Employer.
2. Organization in which you have volunteered i.e. former church, PTA, sports team, etc.
3. An individual you have worked with for three years or more.
4. A family you have babysat for more than five times.
5. A church leader who has known you for more than three years.

CONFIDENTIALITY

This Application for Service is maintained in the strictest of confidence. Please return all requested forms together in a sealed envelope to Tamara Brubaker, Children's Ministries/Guest Services Assistant. You can place them in her mailbox in the administrative area mailroom, bring them to one of the Connection Centers, or mail them to: **Calvary Church, Attn: Whitney Albright, 1051 Landis Valley Rd, Lancaster, PA 17601**



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Personal Questionnaire

1. Do you addictively or excessively use alcohol? ☐ Yes ☐ No
2. Do you illegally use drugs or a controlled substance? ☐ Yes ☐ No
3. Do you use or view pornography in any form? ☐ Yes ☐ No
4. Have you ever been found guilty of a criminal offense? ☐ Yes ☐ No
5. Have you ever entered a plea of nolo contendere (no contest) or guilty to any criminal offense? ☐ Yes ☐ No
6. Have you ever received probation or community supervision for any federal, state, or municipal criminal offense? ☐ Yes ☐ No
7. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? ☐ Yes ☐ No
8. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No
9. Has any court ever determined that you have committed abuse against a child? ☐ Yes ☐ No
10. Have you ever been charged with child abuse or neglect? ☐ Yes ☐ No
11. Is there any fact or circumstance involving you or your background that would call into question you being entrusted with the supervision, guidance and care of children/youth? ☐ Yes ☐ No

If so, please explain. _____

12. If you answered "Yes" to any of the above questions, are you willing to talk to someone on the ministry staff about this? ☐ Yes ☐ No
13. When it comes to relationships and purity, God has called all to follow His plan,—reserving any kind of sexual activity for a legally married man and woman. Are you living according to God's plan in this area of your life? ☐ Yes ☐ No
14. Do you have any physical, mental, or medical limitations or impairments that would hinder or interfere with you performing specific work or ministry? ☐ Yes ☐ No

If so, please explain. _____

Personal Information

The information I have provided may be verified, if necessary, by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides that information. In signing this application, I affirm that the information I have given is true and correct. I further affirm that I am willing to submit to the authority of church leadership and its doctrine. I also give permission for Calvary Church to run the necessary background checks.

Signature: _____ Date: _____

Birth Date: _____ Social Security Number (Needed for background check): _____

**Thank you for taking the time to complete this application for service.
 We secure this information with care and confidentiality.**



CALVARY CHURCH
STUDENT MINISTRIES
TEEN APPLICATION FOR SERVICE

Name: _____
First Middle Last

**We desire to get to know you and to partner together for Christ's precious children.
Please complete the following information.**

Spiritual Growth and Development

What does it mean to become a "Christian"?

Give one Scripture verse/passage that gives you the confidence that you have eternal life.

What steps are you taking to grow in your walk with the Lord?



CALVARY CHURCH
STUDENT MINISTRIES
TEEN APPLICATION FOR SERVICE

Interests and Experience

Please list your present responsibilities and activities in church life:

Please list any responsibilities and activities in church life in which you were previously involved:

Please list any experience working with children or youth in other organizations:

Please list any past or current involvement in religious, charitable, civic, business, professional and labor organizations:

Please list 3 things you love to do (sports, hobbies, etc.):

What excites you about becoming involved in ministry?

References

List two people who are familiar with your character. **Do not use family members**; see cover page for guidelines.
Please contact your references and send them the link to our ONLINE Reference Form found here:

<http://www.calvarychurch.org/ministries/student/leaders/reference>

1.

Name	Address	Phone
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2.

Name	Address	Phone
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CALVARY CHURCH
STUDENT MINISTRIES
CSM TEEN LEADER APPLICATION

Name: _____ Age: _____
First Middle Last

We are delighted to have you considering a leadership role in Student Groups. It is a great place to serve, be stretched and learn! However, it is a time-consuming commitment and an important role that should not be taken lightly. You do not need to be a perfect Christian to be in leadership in this area; but you do need to be seeking God continually, be working in areas of your life to ever become more like Christ and living a positive testimony of growth.

Please answer the following questions so that we might help you in the decision process to determine if this is a good fit for you next year. *(If you need more room for your responses, please use a separate piece of paper).*

What has been your experience in Student Groups in the previous years?
How have Student Groups affected your life?

Who are your current Student Group Leaders?

Why do you desire to lead in Student Groups?

Please take time to look over the time requirements in the Job Description for Teen Leader in Student Groups (weekly responsibilities and big events).
List other time commitments you will be involved in this next school year (band, sports, etc.).

How do you see these commitments working out together? Do you have any concerns about attending regularly or being involved in our big events?



CALVARY CHURCH
STUDENT MINISTRIES
CSM TEEN LEADER APPLICATION

Part of your commitment as a Student Group Teen Leader is meeting with other teen leaders weekly. Typically, this meeting will take place on Wednesdays after groups, from 8:30-9:30pm. Do you see any reason why you would not be able to attend these meetings regularly?

What is an area of leadership in your own life that you are most concerned about or need to improve?

Answering honestly and with confidentiality, is there an area in your Christian walk that you are struggling in? Would you be willing to meet with one of the adult Student Ministry staff members to discuss this and receive help for the future?

Do you have any previous experience in leadership at church? If so, who is an adult that you worked with that would be familiar with your service? Please provide name and email.

Name: _____

Email: _____

Have you discussed this leadership opportunity with your parents and are they in agreement with you moving forward to apply? *(Please have them sign below indicating their support)*

Parent's Name: _____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Do you agree with the following statements?

1. **The Bible** ☐ Yes ☐ No

We believe the Old and New Testaments are completely verbally inspired by God and without error in the original writings, and that they are the complete, full and final authority for faith and life. 2 Timothy 3:16-17; 2 Peter 1:19-21

2. **Triune God** ☐ Yes ☐ No

We believe in one God, eternally existing in three Persons: Father, Son and Holy Spirit. Each one of these three Persons possesses the same nature, the same attributes, and the same perfections of Deity. Matthew 28:19; 2 Corinthians 13:14

3. **Jesus Christ: God and Man** ☐ Yes ☐ No

We believe that the Lord Jesus Christ was conceived by the Holy Spirit, born of the virgin Mary, and is both fully God and fully man. Matthew 1:18-25; Luke 1:26-35; Galatians 4:4; John 1:1, 14; Philippians 2:6-11

4. **Mankind: Creation and Fall** ☐ Yes ☐ No

We believe that mankind was created male and female in the image of God; that our first parents sinned and thereby incurred the judgment of both physical death and spiritual death, which is eternal separation from God; and that all human beings are born with a sinful nature and therefore, are accountable for sin in thought, word and deed. Genesis 1:1, 26; Romans 5:12; Psalm 51:5; Jeremiah 17:9; Romans 3:23; 6:23

5. **Jesus Christ: Our Sacrifice** ☐ Yes ☐ No

We believe that the Lord Jesus Christ died in our place for our sins, shedding His blood to take upon Himself all of the punishment for our sins, and that all who place their faith in Him as their Savior are declared by God to be righteous on the basis of Christ's substitutionary death. This salvation is a gift from God by grace, apart from any human works or merit. Romans 3:21-28; 1 Corinthians 15:3-4; Ephesians 2:8-10; Titus 3:3-8

6. **Jesus Christ: Resurrection, Ascension, Priesthood, Return** ☐ Yes ☐ No

We believe in the resurrection of our Lord Jesus Christ in the same body, which was crucified, now glorified; in His bodily ascension into heaven, in His present life there for us as our High Priest and Advocate, in His present work building His Church and in His bodily return. Luke 24:36-43; John 20:24-29; Romans 8:34; 1 Corinthians 15:1-8; Acts 1:9-11; Colossians 1:13-14; Hebrews 8:1; Matthew 16:18-19

7. **Holy Spirit: The New Birth** ☐ Yes ☐ No

We believe that all who receive by faith the Lord Jesus Christ, trusting Him alone for eternal salvation, are born again by the Holy Spirit and thereby become children of God, that they are indwelt and sealed by the Holy Spirit and therefore are secure until the day of final redemption. John 1:12-13; 3:3-16; 2 Corinthians 1:22; John 10:28-29; Ephesians 4:30

8. **The Church** ☐ Yes ☐ No

We believe that the Church of Jesus Christ is His Body and Bride. We believe it is the responsibility of the Church to bring glory to God by participating in world evangelization to fulfill the Lord's command to make disciples among all the peoples. 1 Corinthians 12:13; Ephesians 1:20-23; 4:15; 2 Corinthians 11:2; Matthew 28:18-20

9. **Baptism and the Lord's Supper** ☐ Yes ☐ No

We believe that the Lord Jesus Christ prescribed that His Church observe two ordinances: water baptism which portrays the believer's submission to and union with Christ in His death, burial and resurrection; and the Lord's Supper to commemorate His death until He comes again. Matthew 28:19; Acts 2:41-42; Matthew 26:26-28; 1 Corinthians 11:23-26

CALVARY CHURCH DOCTRINAL BASIS

CONSTITUTION ARTICLE III

Do you agree with the following statements?

10. Universal Resurrection ☐ Yes ☐ No

We believe in the bodily resurrection of the saved to everlasting blessedness, and of the unsaved to everlasting punishment. John 5:24-29; Matthew 25:46; Revelation 20:11-15; 21:3-4

11. Satan's Judgment ☐ Yes ☐ No

We believe that Satan, a fallen angel, is the god of this age, the adversary of Christ and His Church, and that his destiny is eternal punishment. 2 Corinthians 4:3-4; Ephesians 6:10-12; Revelation 12:9; 20:1-3, 7-10

12. Jesus Christ's Return ☐ Yes ☐ No

We believe in the "blessed hope" of the personal and imminent return of our Lord, first to receive His believers to Himself in the air, before the final seven year tribulation period, and then to return with them to reign on the earth. Titus 2:13; 1 Thessalonians 4:13-18; 5:1-10; 1 Corinthians 15:51-58; Daniel 7:13-14; 9:27; Revelation 20:1-3

13. The Future of Israel ☐ Yes ☐ No

We believe that the Church, composed of Jews and Gentiles, which began at Pentecost with the coming of the Holy Spirit to indwell all believers, is distinct from the Old Testament covenant nation of Israel. We believe that God's covenant promises to His people Israel are irrevocable and will be fulfilled; and that a remnant will be redeemed, and regathered to the land of Israel to experience the literal millennial reign of Christ as the heir of David's throne in Jerusalem. Acts 2:14-39; 11:15-16; John 14:17; Romans 11:11-29; Isaiah 35:10; Ezekiel 37:21-28; Romans 11:25-29; Luke 1:30-33; Hebrews 8

At Calvary Church we believe that the cause of unity in the church is best served, not by finding the lowest common denominator of doctrine, around which all can gather, but by elevating the value of truth, stating the essential doctrinal parameters of the church clearly, seeking the unity that comes from the truth and then demonstrating to the world how Christians can love each other across boundaries rather than by removing boundaries.

Therefore, we require all participating in formative ministry roles involving teaching to consent to the following:

- To affirm the Calvary Church doctrinal essentials (1-11) and seek to maintain unity on the doctrinal distinctives (12-13). By "affirm" we mean to "confess this as my belief at this point in my spiritual journey" and includes both understanding and belief.
- To teach only what is in accord with Calvary Church stated positions (doctrinal basis and doctrinal policy statements).
- Teachers are free to teach their conviction with grace in areas where Calvary Church does not have a stated position as long as their teaching is scripturally based and conforming to generally accepted evangelical doctrine.

If at any time there is an area of my belief system in which I cannot affirm Calvary Church Doctrinal Basis essentials, distinctives or doctrinal policy statements, I will share those areas with the church leadership and I agree to submit to the authority of the leadership of Calvary Church and will only teach what is in accord with Calvary's stated doctrine and will strive for unity and the building up of the body of Christ at Calvary Church.

Printed Name: _____ Ministry Area: _____

Signature: _____ Date: _____

PENNSYLVANIA RESIDENCY

Printed Name: _____

Please check the appropriate statement and sign where indicated:

- ☐ I have not lived in Pennsylvania for at least the entirety of the past 10 consecutive years.
I understand that I must complete the FBI criminal history clearance in order to serve.

Date Moved to PA: _____

Signature: _____ Date: _____

- ☐ I have lived in Pennsylvania for at least the entirety of the past 10 consecutive years.

I have lived in PA my entire life: ☐ Yes ☐ No If no, date or year moved to PA: _____

Signature: _____ Date: _____

Please sign the section below AND complete the NOTICE-BACKGROUND INVESTIGATION AUTHORIZATION ON PAGE 7.

I affirm that I should not be disqualified from serving based on the conditions listed below:

- i. I am not named in the statewide database (pursuant to a DPW Child Abuse History Clearance) as the perpetrator of a founded report committed within the last five years
- ii. My PA State Police Criminal Background Check OR FBI Check does not reveal a conviction for any of the following at any time in the past:
 - a. criminal homicide
 - b. aggravated assault
 - c. stalking; kidnapping
 - d. unlawful restraint
 - e. rape
 - f. statutory sexual assault
 - g. involuntary deviate sexual intercourse
 - h. sexual assault
 - i. aggravated indecent assault
 - j. indecent assault
 - k. indecent exposure
 - l. incest
 - m. concealing death of child
 - n. endangering welfare of children
 - o. dealing in infant children
 - p. prostitution and related offenses
 - q. obscene and other sexual materials and performances
 - r. corruption of minors
 - s. sexual abuse of children
 - t. the attempt, solicitation or conspiracy to commit any of the above offenses.
- iii. My PA State Police Criminal Background check OR FBI check does not reveal a conviction for a drug or drug-related felony in the past five years.

Signature: _____ Date: _____



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Please complete information below for the National Background Check if you have lived in PA for the past 10 consecutive years or longer.

NOTICE – BACKGROUND INVESTIGATION

In connection with your volunteering or employment with Calvary Church of Lancaster, PA, notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment or volunteering purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may also contain information about you relating to your criminal history or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting Calvary Church and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present and will continue throughout the course of your employment or volunteer service, and allow Calvary Church to conduct future screenings as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Calvary Church at any time after receipt of this authorization and throughout the course of my employment/volunteer service, if applicable.

Signature: _____ Date: _____

Print Name: _____
First Middle (required) Last

Social Security Number: _____
(required)

Date of Birth: _____

For this background check, your full name (First, Middle, Last), Date of Birth, and Social Security Number are REQUIRED. Please provide them where requested.



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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
If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:
<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> |
|---|--|

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 #

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

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

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

I understand that this information is confidential in nature pursuant to §6339 (relating to information in confidential reports)
of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and is not otherwise to be released by

(_____) without my expressed authorization or pursuant to Section 3490.126 of
Name of Requesting Agency

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

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

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

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

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

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further
understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Certification application

as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database for child abuse

that my consent allows the result stating such information to be shared with the agency/organization noted on next page.

Please send my certification result(s) to:

Agency Name:

Agency Street Address:

Agency City, State, Zip Code:

Date

Applicant's Signature

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

Date

Agency's Representative Signature

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

Revised 12-29-15