

Friends  Association  
*for Care & Protection of Children*

113 West Chestnut Street • West Chester, PA 19380

**VOLUNTEER APPLICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:

M  F

Employer/Spouse's Employer: \_\_\_\_\_

Student:  Yes  No

Organization: \_\_\_\_\_

**Person to notify IN CASE OF EMERGENCY**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Medical Information**

Allergies (medicine, food, etc.): \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Physical impairments: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Other: \_\_\_\_\_



## AFFIRMATION

I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application is cause for termination of my volunteer services regardless of when or how discovered; and that my volunteer service is subject to Friends Association review and acceptance.

I understand that allegations or suspicions of child abuse are taken very seriously by Friends Association and will be reported to police and/or state agencies for investigation and that Friends Association will fully cooperate with any related investigations and will pursue the prosecution of child abusers to its full extent screening.

I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for a volunteer position. I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

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Signature of Applicant

Date

Thank you for submitting an application to volunteer with Friends Association. We will review it and contact you as soon as possible to discuss the next steps to be taken. In the meantime, if you have any questions or concerns, please contact:

**Jasmine Draper**, Volunteer Coordinator

**Phone:** (610) 431-3598, ext 205

**Email:** [J.Draper@friendsassoc.org](mailto:J.Draper@friendsassoc.org)

# *Release and Waiver of Liability*

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS.** This

Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, by

(DAY)

(MONTH)

\_\_\_\_\_ in favor of Friends Association for the Care and Protection of (THE  
"VOLUNTEER")

Children, a Pennsylvania non-profit corporation, its directors, officers, employees, and agents (collectively, "Friends Association.")

The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless Friends Association and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for Friends Association.

Volunteer understands and acknowledges that this Release discharges Friends Association from any liability or claim that the Volunteer may have against Friends Association with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for Friends Association, whether caused by the negligence of Friends Association or its officers, directors, employees, agents, volunteers, or otherwise. Volunteer also understands that, except as otherwise agreed to by Friends Association in writing, Friends Association does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

2. **Medical Treatment.** Except as otherwise agreed to by Friends Association in writing, Volunteer does hereby release and forever discharge and hold harmless Friends Association and its successors and assigns from any and all liability or claims which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's work for Friends Association.
3. **Assumption of Risk.** The Volunteer understands that the work for Friends Association may include activities that may be hazardous to the volunteer, including, but not limited to, building maintenance, loading and unloading, and lifting. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Friends Association from all liability for injury, illness, and death or property damage resulting from the activities the Volunteer performs on behalf of Friends Association.
4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by Friends Association in writing; Friends Association does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**
5. **Our Privacy Commitment To You.** We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices, to follow these practices, and to notify affected individuals following a breach of unsecured protected health information. Only people who have both the need and the legal right may see your information. We may disclose your information without your permission for purposes of treatment or when we are required by law to do so.

- **Treatment.** We may disclose health information about you to coordinate your health care in case of an emergency.

*I certify that this information is true and accurate to the best of my knowledge, and I release and hold harmless Friends Association for any inaccuracy or misrepresentation.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

As a volunteer at Friends Association for Care and Protection of Children, I acknowledge the private and sensitive nature of the agency's work. I agree to share the responsibility of maintaining the confidentiality of Friends Association's clients, staff and agency. Further, I will hold in strict confidence any information regarding the shelter and shelter clients that I may learn in the course of my work.

I understand that if I breach this agreement of confidentiality, my volunteer status with Friends Association will be terminated.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT TO PHOTOGRAPH / VIDEOTAPE / RECORD

This form allows you, as a volunteer, to choose whether you wish to be in promotional materials used by Friends Association for Care and Protection of Children. By signing this consent form, I understand that still pictures, video and voice recordings of me may be used for promotional purposes, including distribution by print, audio tape, videotape, CDROM, DVD and/or the World Wide Web.

I understand that Friends Association for Care and Protection of Children is a non-profit organization and those pictures, video and voice recordings of me may be used solely for the purposes of promoting its good works. I also understand that I will not receive payment for the pictures, video and voice recordings or allowing them to be taken.

\_\_\_\_ Yes, I authorize the taking of still pictures, video and voice recordings of me, to promote the activities of Friends Association for Care and Protection of Children.

\_\_\_\_ No, I do not authorize the taking of still pictures, video and voice recordings of me, to promote the activities of Friends Association for Care and Protection of Children.

Volunteer's Name (Please Print): \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If volunteer is under the age of 18, permission of the parent or guardian is required.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER CLEARANCES

We will run your PA State Criminal Background Check, but YOU will need to get your PA Child Abuse Clearance and your FBI Criminal History Report.

### 1) To Obtain a PA Child Abuse History Clearance (Form CY 113)

There are a lot of steps, but at each screen there are prompts and instructions to take you forward.

1. Go to <https://www.compass.state.pa.us/CWIS>
2. Click Create a New Account
3. At next screen, click Next
4. At next screen, enter information to create an account, and click Finish.
5. Check your email for a temporary password.
6. Close the window and go back to <https://www.compass.state.pa.us/CWIS> to log in.
7. After logging in, choose Access My Clearances
8. At next screen, read disclosures and click Continue
9. At next screen, log in with the Key you created and your temporary password
10. At next screen enter a permanent password.
11. Close window and log in again.
12. Follow subsequent instructions to apply for a clearance.

### 2) To obtain the Federal Bureau of Investigation Criminal History Report

1. Read the FBI Exemption Disclosure Statement.
2. **If you meet all of the criteria**, sign the form. You are finished.
3. **If you do not meet all of the criteria** you will need to complete an FBI Criminal Background check. (\$27.50) **ONLINE: You will need a credit card.**
4. The fingerprint-based background check is a multiple-step process. The applicant must register prior to going to the fingerprint site. Walk in service without prior registration will not be provided at any fingerprinting location.
5. Go to [www.pa.cogentid.com/index\\_dpw.htm](http://www.pa.cogentid.com/index_dpw.htm). Register online.
6. Proceed to the fingerprint site of your choice for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site are on the website. Bring photo ID with you.
7. The Department of Public Welfare will receive the Federal Criminal History Record from the FBI. DPW's Background Check Unit through ChildLine and Abuse Registry will return the Federal Criminal History Record to the applicant. The Record will be printed on standard 8.5" X 11" paper that when copied will reveal "Void if Copied."
8. Complete processing of their results should take no longer than 4 – 6 weeks. If the applicant does not receive their results from DPW in this time frame, they should call (877) 371-5422.
9. The applicant will then provide the Federal Criminal History Record to their prospective volunteer agency.



**DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS**  
**Required by the Child Protective Service Law 23 Pa. C.S. Section 6344.2**

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a clearance through the Federal Bureau of Investigation, 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 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 (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 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 clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances 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 the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

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: \_\_\_\_\_

