



BIG BROTHERS BIG SISTERS OF THE LAUREL REGION

106 North Main Street, Greensburg, PA 15601 Phone: 724-837-6198 Fax: 724-837-6120
65 West Main Street, Uniontown, PA 15401 Phone: 724-439-8055

BIG BROTHER/BIG SISTER APPLICATION

Name: _____ Date of Birth: _____

Home Address: _____
Number/Street City/State Zip

Social Security Number: _____

Gender (circle): MALE FEMALE Marital Status: _____ Race: _____

Home Phone: _____ Cell Phone: _____

Primary E-Mail: _____ Secondary E-Mail: _____

If in college:

Name of School: _____

Current grade level: Freshman Sophomore Junior Senior

If live on campus, address: _____
Number/Street City/State Zip

If employed:

Place of Employment: _____ Work Phone: _____

Occupation: _____ May we contact you at work? _____

Highest completed education level:

____ High School ____ High School Grad ____ Some College ____ Associate Degree
____ Bachelor's Degree ____ Master's Degree ____ PhD ____ Juris Doctorate

Have you ever been/applied to be a Big Brother/Big Sister?(if 'yes', please list agency/county/state): _____

How did you hear about our agency? _____

Do you know anyone involved with our agency? (if 'yes', please list person/relationship): _____

Can you commit to meeting with a child for at least two years? _____

Do you anticipate any major changes in your life in the next year? (job, residence, marital status, graduation, etc.) _____

Have you had relevant volunteer/paid experience with youth within the last 5 years? _____

Are you volunteering for Community-Based Mentoring or School- Based Mentoring? _____

(PLEASE SEE OTHER SIDE)

Community-Based Mentoring Only:

BBBSLR will consider two individuals as co-mentors when they wish to be matched to one child. Are you interested in this? (please circle) YES NO

School-Based Mentoring Only:

Intended Program: (please circle) Breakfast Buddies Lunch Buddies Tutoring

Intended Program Site: (name of school district/elementary school) _____

Days and Times of Availability: (please make allowances for travel time) _____

Can you meet with a child weekly during the entire school year? YES NO

If NO (above), what activities are in conflict with this program? _____

Please read and sign that you acknowledge and agree:

1. My acceptance as a BBBS Mentor is pending outcomes from required clearances/background checks, and I understand that BBBS will update these every three years.
 - Pennsylvania State Police Request for Criminal Record Check
 - Pennsylvania Child Abuse History Clearance
 - FBI clearance
 - DMV clearance for Community based program.
2. I must have a minimum of 2 references.
 - The references must include:
 - Spouse/spousal equivalent or family member if no spouse/spousal equivalent is available
 - Work/school and/or personal
 - My references may be contacted by mail, telephone, or e-mail.
 - If I have had volunteer/paid experience with a youth serving agency within the last 5 years, I will provide contact information so that they can provide a reference.
 - I must have known my references for one year or more.
3. The BBBS agency is not required to match me with a youth.
4. This application becomes property of the BBBS agency, and that in the event of denial of program participation, reason for denial need not be given.
5. As part of the enrollment process, I will be asked to provide additional personal information prior to any recommendation for assignment. The information I have provided may be used to conduct background checks, and other records as required
 - If accepted into the program, I consent to the disclosure of relevant information for potential matches.
 - I agree to keep information disclosed to me about my match confidential.
6. **Public Relations Release:** I give my permission for the BBBS agency to use my identifying information in agency promotional/public relations materials. This information shall be used by the organization for any agency-sponsored activity, publication, or related event. I understand that no personal history information regarding or identifying me will be used by the agency.
7. **For School-Based Mentoring only:** I may exchange telephone numbers/address with my Little to encourage contact during the summer. UNDER NO CIRCUMSTANCES ARE VOLUNTEERS AND CHILDREN TO HAVE PHYSICAL CONTACT OUTSIDE OF THE SCHOOL SETTING.

Applicant Signature: _____

Date: _____

*Please return the form by mail or fax to the Greensburg office listed above as soon as possible.
You may also e-mail the completed form to mail@bbbslr.org*

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.



Big Brothers Big Sisters of the Laurel Region

**106 North Main Street
Greensburg, PA 15601
www.bbbslr.org
724-837-6198 FAX 724-837-6120**

“I hereby authorize and agree to allow Big Brothers Big Sisters of the Laurel Region the right to receive my original Child Abuse Clearance form directly from the Department of Public Welfare in Harrisburg, PA.”

*If you would like a copy of your certificate, BBBSLR will provide a copy after the original is received.

Print Name: _____

Signature: _____

Date: _____



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OUR COMMITMENT TO CHILD SAFETY AND YOUTH PROTECTION

Big Brothers Big Sisters is a mentoring program providing children facing adversity with one-to-one mentoring services, and while we have an outstanding record in child protection, we are committed to continuous quality improvement to better ensure positive outcomes for children served.

The following is a list that includes, but may not be limited to, items that a potential Big Brother/Big Sister will need to complete/verify before being accepted into the agency:

	COMMUNITY-BASED MENTORING	SCHOOL-BASED MENTORING
Orientation, Training	<ul style="list-style-type: none"> • Description of BBBS/Agency's mission, programs, benefits, and purpose of program; • Demographics of the children served; • Eligibility criteria and commitment expectations; • Enrollment process steps, including the Agency's right to accept or deny participants, or close a match at any time; • Child safety and youth protection 	<ul style="list-style-type: none"> • Description of BBBS/Agency's mission, programs, benefits, and purpose of program; • Demographics of the children served; • Eligibility criteria and commitment expectations; • Enrollment process steps, including the Agency's right to accept or deny participants, or close a match at any time; • Child safety and youth protection
Confirmation of Identity	<ul style="list-style-type: none"> • Fingerprint; or • Government issued photo ID; or • Social security verification 	<ul style="list-style-type: none"> • Fingerprint; or • Government issued photo ID; or • Social security verification; or • School ID (high school students)
Transportation Safety	<ul style="list-style-type: none"> • DMV Check (www.dmv.state.pa.us, form DL503/5 year history) paid for by volunteer • Copy of automobile insurance declaration page • Signed copy of agency Policy on Transporting Children 	<i>Not Applicable</i>

	COMMUNITY-BASED MENTORING	SCHOOL-BASED MENTORING
Background Checks	<ul style="list-style-type: none"> • State police clearance and Child Abuse History Clearance (Act 33/34) – <i>no cost to volunteer</i> • National (FBI) background check – Cogent/LexisNexis, paid for by volunteer (use “Dept. of Ed.” and request a copy) • Internet searches (Google, Facebook, Social Networking Sites, etc.) may also be completed by agency 	<ul style="list-style-type: none"> • State police clearance and Child Abuse History Clearance (Act 33/34) – <i>no cost to volunteer</i> • National (FBI) background check – Cogent/LexisNexis, paid for by volunteer (use “Dept. of Ed.” and request a copy) • Internet searches (Google, Facebook, Social Networking Sites, etc.) may also be completed by agency
References	<p>3 positive references obtained from:</p> <ul style="list-style-type: none"> • Spouse or spousal equivalent (Family Member required if spouse/spousal equivalent reference is not conducted) • Work/School • Personal • Youth serving organization(s) if applicant has disclosed relevant volunteer or paid experience with youth within last 5 years 	<p>2 positive references obtained from:</p> <ul style="list-style-type: none"> • Spouse or spousal equivalent (Family Member required if spouse/spousal equivalent reference is not conducted) • Work/School or Personal • Youth serving organization(s) if applicant has disclosed relevant volunteer or paid experience with youth within last 5 years
Confidentiality	Signed copy of agency Policy on Confidentiality	Signed copy of agency Policy on Confidentiality
Digital Technology and Social Networking	Signed copy of agency Policy on Digital Technology and Social Networking	Signed copy of agency Policy on Digital Technology and Social Networking
Firearms and Weapons	Signed copy of agency Policy on Firearms and Weapons	Signed copy of agency Policy on Firearms and Weapons
Overnight Visits	Signed copy of agency Policy on Overnight Visits	<i>Not Applicable</i>
In-person Interview	Also includes a home visit to assess the home environment and the request for collateral information as needed (e.g., therapist, counselor)	Also includes assessment of home environment and the request for collateral information as needed (e.g., therapist, counselor)