

## Volunteer Form Instructions

**149 Summit Dr., Suite B  
Franklin, PA 16323  
Phone 814-437-1982**

**[eva@mustardseedmissionsofvc.org](mailto:eva@mustardseedmissionsofvc.org)**

ALL VOLUNTEERS SHOULD COMPLETE THE FOLLOWING AND RETURN THEM TO THE ADDRESS ABOVE:

- MSM Mission Statement
- Volunteer Sign Up form (Volunteer Intake Form)
- Volunteer Release & Waiver of Liability
- Volunteer Criminal History Acknowledgement

VOLUNTEERS FOR FUTURE HOME REPAIR PROJECTS COMPLETE AND RETURN TO ADDRESS ABOVE:

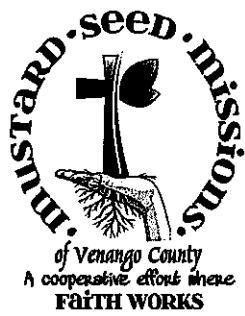
- Volunteer Trade Skills Survey

VOLUNTEERS FOR COUNTY TRANSPORTATION COMPLETE AND RETURN TO OEO/CSS COUNTY OFFICE AT 1 DALE AVE, FRANKLIN:

- Criminal Record Check Response and PA Child Abuse History Clearance-If you do not already have these clearances, the application forms for both are included in this packet and there is no fee for volunteers.
- County of Venango Fair Credit Reporting Act Consumer Disclosure and Authorization
- Note – County needs a copy of your driver's license and insurance card
- County phone number is 814-432-9767 if you have questions about providing this information.

**1Thes. 1:2**

<sup>2</sup>We always thank God for all of you and continually mention you in our prayers. <sup>3</sup>We remember before our God and Father your work produced by faith, your labor prompted by love, and your endurance inspired by hope in our Lord Jesus



## Mustard Seed Missions Mission Statement

Mustard Seed Missions of Venango County is a non-denominational, para-church organization that works in cooperation with the Human Services department of Venango County. As such, our purpose and vision includes the following:

- We are a Christian organization.
    - Witness to the Gospel and discipleship, as evidenced by the Apostles' Creed and expressed in The Beatitudes, are essential guides to our efforts to help those in need.
    - We welcome all volunteers who are willing to adhere to our mission, and we will help those in need regardless of their own faith background.
  - We are in cooperation with the Human Services Department of Venango County
    - The source of MSM referrals is county caseworkers.
  - We are in the business of helping people.
    - MSM is committed, first and always, to providing real and effective help to those in need.
  - We are an extension of the churches of Venango County
    - MSM operates under the leadership of the churches of Venango County.
    - Because our ultimate goal is to foster personal relationships with Jesus Christ, we refer all MSM clients to a local church for follow-up and support.
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I have read, understand, and agree to support the above statements regarding the mission of Mustard Seed Missions of Venango County.

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Signature

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Date



**MEDICAL**

Note: Please make sure to bring appropriate medications (i.e. EpiPens, insulin, inhalers, and prescription medication) with you to the site. Mustard Seed Missions cannot be responsible for these medications.

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of last Tetanus vaccine: \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

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***Please list at least two people that could be contacted on your behalf in case of emergency.***

Primary Contact: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_



# Volunteer Release & Waiver of Liability

**THIS FORM MUST BE READ AND SIGNED  
PRIOR TO PERFORMING ANY VOLUNTEER ACTIVITIES FOR MUSTARD SEED MISSIONS.**

I, the undersigned VOLUNTEER feely, voluntarily, and after reading carefully, execute this Volunteer Release and Waiver of Liability on the date printed below, agreeing as follows:

**Volunteer Status/Insurance:** I understand and acknowledge that I am a volunteer, not an employee of Mustard Seed Missions (MSM). As a volunteer, I am not entitled to employee or other benefits from MSM such as health or accident insurance, workers compensation benefits, or compensation for duties performed or hours worked. I understand it is my responsibility to provide my own health, disability, liability or accident insurance to cover my claims or damages from any injury, illness, death or property damage I suffer while performing volunteer work for MSM.

**Assumption of Risk/Release:** As a volunteer for MSM, I understand that I will engage in hazardous work that involves a risk of illness, physical injury, property damage, or death, from hard physical labor, heavy lifting, exposure to environmental hazards such as mold or inclement weather, and work on ladders, roofs or other elevated or damaged structures. I also understand that I may be provided equipment to use in performing volunteer activities which is dangerous to operate and can cause serious injury or death. I hereby assume all risks associated with performance of these activities and operation of this equipment and release and forever discharge MSM from any and all liability for claims or damages I might have that result from my work with MSM as a volunteer, and any related claims or damages arising from MSM's selection of work sites or activities, provision of equipment, or provision of food, lodging or transportation in connection with my volunteer duties. I understand that MSM is not responsible for the safety or security of my personal effects and release MSM from liability for theft, damage or destruction of my personal property.

**Ministry Photographs and Video:** I acknowledge and agree that while volunteering with MSM, my activities may be photographed or videotaped. I hereby consent to the use by MSM and/or its authorized representative of photographs or videos in which I appear, and I acknowledge and agree that I have no ownership rights in or to those photographs or videos. I hereby release MSM, its agents and assigns from any claims that I may have relating to any photographs or videos, including without limitation, and any claim arising under the right of publicity, right of privacy, defamation and/or copyright infringement.

**Emergency Medical Care:** I hereby consent to the provision or procurement by MSM of emergency medical care or first aid in the event I suffer any illness or accident while performing volunteer activities. I hereby release, discharge and hold MSM harmless from any claim related to the provision of such emergency medical care.

**Code of Conduct:** Teams should represent Jesus Christ in their attitudes, behavior, speech, dress and demonstrate love and kindness toward one another and those being served. At no time will foul language or unclean jokes be permitted. While representing MSM, we ask that you refrain from alcohol, drugs, and tobacco products; they are not permitted at the MSM sites or in MSM vehicles. When wearing MSM clothing please use discretion in all activities and present a strong witness. Firearms are not permitted onsite or in vehicles en route to and from work sites. Team members should dress modestly in accordance with Christian standards as well as appropriately for the tasks they are performing. Clothing should not be unduly light or revealing. Examples of unacceptable clothing include: halter tops, bare midriff separates, short shorts, etc.

**Work Site Safety Policy:** In order to protect MSM volunteers and our clients, at no time will MSM volunteers visit client homes on their own. If a home visit is to be made, whether or not it is directly related to MSM efforts, the volunteer must be accompanied by at least one other person.

**VOLUNTEER Name (printed)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_



**Volunteer Criminal  
History  
Acknowledgement**

**VOLUNTEER'S ACKNOWLEDGEMENT**

__ YES __ NO	1. Have you ever been convicted or pled guilty or no contest to a charge involving any offense against a minor?
__ YES __ NO	2. Have you ever been convicted or pled guilty or no contest to a charge involving any sexual offense?
__ YES __ NO	3. In the past five (5) years, have you been convicted or pled guilty or no contest to any felony or drug/DWI/DUI charge?
<b><i>YES response to any of the above questions disqualifies a volunteer from serving with MSM</i></b>	
__ YES __ NO	4. Have you been convicted or pled guilty or no contest to any felony or drug/DWI/DUI charge that occurred more than five (5) years ago?
<b><i>If Yes, please explain the nature of the offense, the place and date of the conviction/plea.</i></b>	
<b><i>Convictions that occurred more than five (5) years ago require a completed pastor's reference letter.</i></b>	

Volunteer's Name (printed) \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_

**Pastor's Acknowledgement**

I am aware of the criminal history of the volunteer named above and have completed the attached pastor reference. Date: \_\_\_\_\_

Pastor's Name (printed) \_\_\_\_\_ Pastor's Signature \_\_\_\_\_

**Mustard Seed Missions Team Leader Acknowledgement**

I am aware of the criminal history of the volunteer named above. Date: \_\_\_\_\_

MSM Team Leader Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_



# Volunteer Trade Skills Survey

This survey is used as a method to collect volunteer skills for our projects as well as our database. We use this database to call upon volunteers with specific skills to serve on specific projects. The volunteer coordinator will instruct you as to whether or not this worksheet is mandatory to complete for the project on which you will serve.

**Printed Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Best Way to Contact:** \_\_\_\_\_

SPECIFIC SKILL	SKILL LEVEL			
	No Experience	Unskilled Limited exp.	Skilled Proficient	Highly Skilled Professional
1. Debris Clean-Up				
2. Job Layout & Planning				
3. Carpentry – Rough				
4. Carpentry – Finish				
5. Plumbing – Copper & Plastic				
6. Electrical				
7. HVAC Installation & Repair				
8. Drywall – Hang				
9. Concrete – Flatwork & Foundation				
10. Masonry – Block & Brick				
11. Roofing – Shingle & Metal				
12. Landscaping				
13. Welding – Gas & Stick				
14. General Mechanical Work				
15. Flooring Installation – Carpet, Wood, Tile				
16. Cabinetry				
17. Could you transport & operate?	__ Bobcat __ Chipper __ Loaders __ Dozers __ Bucket			
18. Experience cooking for a large group of people?	__ Yes __ No			
19. Emergency Services? (please check type)	__ Police Officer __ Fire Fighter __ EMS			
20. Other Skills or Specialties? (please list)				

*Thank you for taking the time to fill out this survey.*

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

**1-888-QUERYPA (1-888-783-7972)**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**  
**<https://epatch.state.pa.us>**

<b>REQUESTER NAME</b>	
<b>ADDRESS</b>	
<b>CITY/STATE/ ZIP CODE</b>	
<b>TELEPHONE NO. (AREA CODE)</b>	

<b>FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER</b>
<b>AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – RCPU 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758</b>

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEPHONE NUMBER		

**The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.**

By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$8 fee is being waived because of my status as an unpaid volunteer.

<b>REQUESTER SIGNATURE</b> (*Signature required for processing*)	<b>DATE</b>
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**WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.**



# 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 contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 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 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 <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, licensed child-care home, 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 contact with children <b>If purpose is volunteer having contact with children, choose SUB PURPOSE:</b> <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 style="width: 60%; border-top: 1px solid black; text-align: center;">SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">OIM/CAO PHONE NUMBER</div> </div>
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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 #
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# INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

## General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

## Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
  - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
  - (2) An area vocational-technical school.
  - (3) A joint school.
  - (4) An intermediate unit.
  - (5) A charter school or regional charter school.
  - (6) A cyber charter school.
  - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
  - (8) A private school accredited by an accrediting association approved by the state Board of Education.
  - (9) A non-public school.
  - (10) An institution of higher education.
  - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
  - (12) The Hiram G. Andrews Center.
  - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
  - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a program, activity, or service, as a person responsible for the child's welfare or having direct contact with children.
  - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
  - Check the box for **individual 18 years or older who resides in the home of a foster parent, licensed child-care home, 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** if you are an adult household member, excluding an individual with an intellectual disability or chronic psychiatric disability receiving services, in one of these types of settings and require certification.
  - Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
  - Check the **volunteer having contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct

volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.

- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a "**PAYMENT AUTHORIZATION CODE**" by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

#### **Applicant Demographic Information:**

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary; **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

#### **Address:**

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note:** If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

#### **Contact Information:**

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

#### **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, nicknames, aliases and also known as (aka) names.

#### **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 is acceptable.

#### **Household Members:**

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

#### **Signature:**

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

#### **CHILDLINE USE ONLY:**

- Please **DO NOT WRITE** in this section. This is for CHILDLINE staff only.

#### **Additional Information:**

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.

## COUNTY OF VENANGO

### Fair Credit Reporting Act Consumer Disclosure and Authorization

In connection with my participation in a volunteer program with the County of Venango that requires operation of a County vehicle, I understand that a consumer report as the term is defined in the Federal Fair Credit Reporting Act as amended ("FCRA"), 15 U.S.C. 1681 et seq., will be obtained by Venango County from a consumer reporting agency ("Agency"). I further understand that the Agency may not give out information about me to Venango County without my written consent. It is also understood that the Agency may not report medical information about me to Venango County without my specific prior consent as to the release of such information, which is in addition to my general authorization herein.

I hereby authorize the County of Venango now, or at any later time as necessary to obtain a consumer report on me, as applicable.

For purpose of this disclosure, the "consumer report" is the report of driver history provided by PennDOT – Bureau of Driver Licensing.

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Volunteer's Signature

Date

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Printed Name

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Driver's License Number and state of registration

## **Venango County Ride Program New Driver and Vehicle Policy**

The mission of The Ride Program is to provide “unconventional” Transportation to Venango County residents. Many residents are in need of transportation for medical appointments, social events, group sessions, employment, community service work, etc. This program is provided through several partnerships within the community.

### **New Driver Requirements prior to transporting:**

1. All required documents must be filled out and given to CSS Staff at 1 Dale Ave. Franklin PA 16323
2. Current Driver’s License and Insurance (must be brought with you to 1 Dale Ave.)
3. Clean Driving Record (to be filled out at CSS office and verified by Venango County CSS)
4. Act 34 Clearance (to be filled out at CSS office and verified by Venango County CSS)

### **Vehicle**

1. Each vehicle will be equipped with a Vehicle Policy Kit
2. An Emergency Kit (jumper cables, first aid kit) will be located in the trunk
3. A gas card and pin number will be assigned to each vehicle. The Pin Number and the gas card are to remain with the vehicle.
4. Please refill the vehicle after each use prior to returning it.
5. Upon return, please park the vehicle in the County Vehicle Parking Lot
6. Return the key to CSS. If you return after hours, please put the key in the mail slot by the main entrance at the far end of the parking lot.
7. Vehicle must be returned to the County Lot at the end of each transport.

### **Vehicle Assignment**

1. To reserve a vehicle call 814-432-9767 and state that you are a MSM volunteer who will be transporting.
2. Please call at least 2 working days prior to the date of the need to reserve the vehicle.
3. Give your name and the name of the individual you are transporting
4. Make sure you have your current driver’s license with you for identification
5. Referral must be on file before a vehicle can be assigned (In other words, vehicles will only be assigned for requests that come from MSM, not from the client him/herself or other sources)

### **Fueling Vehicle**

1. We ask that you always fill up the vehicle after each use.
2. Each vehicle is assigned a Sheetz Gas Card and Pin Number.
3. This Pin Number is exclusive to MSM.
4. Gas card is swiped at the pump. (card will be in the console or glove box and typically in a Sheetz holder)
5. You will be prompted for the odometer reading (you must type the odometer reading or you will not be able to pump gas).
6. Type in the Pin Number (this pin # should be in the black binder on a laminated card )
7. Always get a receipt and turn it in with the key.

### **Accident Procedures**

1. All accidents regardless of location, and no matter how insignificant, are to be reported to the CSS Office **814-432-9767 or 814-673-6331 (after hours only)**
2. Post Accident Drug Testing Required of all Volunteer Drivers. Please call your MSM Representative to arrange for transport to the testing facility.

### **Forms in all vehicles**

1. County of Venango The Ride Program Rider Log- Must be filled out for every use of a vehicle
2. Vehicle Accident Report- Fill out when necessary
3. Vehicle Inspection Log – Please return with Key.

**Forms to fill out at sign-up**

1. Fair Credit Reporting Act Consumer Disclosure Authorization
2. Request For Criminal Record Check

**\*All forms must be filled out and cleared before volunteers may transport**

**\*\*All individuals in the car (other than the client) MUST have their clearances before they can ride along.**