



1475 Third Avenue  
New Brighton, PA 15066  
724.843.4600 PHO  
724.843.4602 FAX  
www.bcbigs.org

Dear

Thank you for your inquiry on volunteering with Big Brothers Big Sisters of Beaver County.

Enclosed you will find an application packet for your completion. Once we have received your completed forms, a case manager will contact you to arrange an office interview. This interview should last no longer than one hour.

If you should have any questions please feel free to give me a call at (724) 843-4600, Ext. 32.

Thank you again for your interest in volunteering with our agency. Our staff is dedicated to ensuring that your volunteer experience with Big Brothers Big Sisters of Beaver County will be meaningful for both you and your future "Little Brother" or "Little Sister".

Sincerely,

*Bev Evans*

Match Support Specialist

/enclosures

**If we do not receive your completed application within 10 -15 days, we will assume you are no longer interested in volunteering with our agency.**

**BIG BROTHERS BIG SISTERS OF BEAVER COUNTY**  
**1475 THIRD AVE**  
**NEW BRIGHTON, PA 15066**  
**(724) 843-4600**

THE PROGRAM:

Big Brothers Big Sisters of Beaver County assists children facing adversity in reaching their potential through professionally supported dynamic, one-to-one relationships. Children from homes that lack the opportunity for one to one connection with an adult, are matched with stable and caring volunteers who provide positive examples, guidance, new experiences, and practical help with schoolwork. The agency also provides group activities such as seasonal parties and field trips.

THE VOLUNTEERS: “*Big Brothers,*” “*Big Sisters,*” and “*Big Couples*”:

**Big Brother, Sister, and Couple (married couples who volunteer together and are matched with one child)** volunteers must be at least 18 years of age; have a valid driver’s license; have access to an insured, reliable means of transportation; be emotionally mature and stable; reside within Beaver County or nearby; and be able and willing to commit to seeing their assigned child for an average of two or three hours on a weekly or semi-weekly basis for at least 18 months.

THE CHILDREN AND YOUTH: “*Little Brothers*” and “*Little Sisters*”:

Eligible children aged 6 through 12, must reside in Beaver County and would benefit from a professionally supported mentoring relationship. Referrals are accepted from parents, schools, or agencies.

THE COST:

There is no cost for participating in Big Brothers Big Sisters. Once matched, no-cost or low-cost activities are encouraged.

THE APPLICATION PROCESS:

CHILD

- Application Completed
- Parent & Child are Interviewed Separately by Caseworker in their home
- Collateral information obtained (i.e. school reports, mental health assessments, etc...)
- If Accepted, Child is Placed on the Ready to be Matched List

VOLUNTEER

- Application Completed
- 3 Character References Obtained
- Local , State and Federal Background Checks Obtained
- Orientation/Interview at Office
- Act 33, 34 Clearances Obtained
- If Accepted, Volunteer is Placed on the Ready to be Matched List

HOW MATCHES ARE MADE:

Matches are made according to compatibility, shared interests, and geographic location. Once assigned, matches are supported by professional Case Managers and Match Support Specialists.

## Big Brothers Big Sisters of Beaver County – Volunteer Application

1475 Third Avenue, New Brighton, PA 15066 (724) 843-4600

First Name:	Middle Name:	Last Name:	Date of Birth:
Home Address: (include box # if college student) City:		State:	Zip Code:
Email:	Phone #:	Cell Phone #:	
Male Female	Married Yes    No	Race:	Social Security Number:
Occupation:	Employer:	How long employed:	Level of Education:
Employer's Address:		City:	State:    Zip Code:
Can We Contact You At Work: Yes _____ No _____	Work Phone #:	Work Hours:	
Do you have a driver's license? Yes _____ No _____	If yes, state issued and #:	Expiration Date:	

### REFERENCES

\*Please type or print **all** information requested for 3 references

- 1) Spouse / Domestic Partner or Closest Relative
- 2) Employer / Work / School who has known you **at least 2 years**
- 3) Personal Reference who has known you for **at least 2 years**

<b>1. SPOUSE/DOMESTIC PARTNER/ OR CLOSEST RELATIVE:</b>			
Name:			
Address:		City:	State:    Zip Code:
Day Phone #:		Email:	
<b>2. PROFESSIONAL: Work/ School (known at least 2 years):</b>			
Name:			
Address:		City:	State:    Zip Code:
Day Phone #:		Email:	
<b>3. PERSONAL: Friend/ Family (known at least 2 years): List Relationship</b>			
Name:			
Address:		City:	State:    Zip Code:
Day Phone:		Email:	
Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes    No			Where and When:
What, if any, other youth organizations have you worked for or been involved with as a volunteer? List Organization & Contact Information:			

**By signing below I give permission and acknowledge that the information I provided may be used to conduct a background check, to include driving records check, criminal background check, child abuse clearance check, and other records where required by local, state or federal law for volunteer working with youth.**

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

**I give permission to use my photograph, likeness and first name for the purpose of publicity efforts by BBBS.**

Please check      Yes      No

## VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, we would like you to answer the questions below. Some questions will be discussed in more detail during the in-person interview. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. We will only release information to a parent with your expressed permission. The information you give will help us make a better match for you and assure we can support you during your involvement with our programs.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Would you describe yourself as a person who enjoys:

Watching events or activities       Actively participating in activities       Both

2. Are you experiencing any medical problems/issues that could affect a match and of which we need to be aware?

NO       YES \_\_\_\_\_  
(Please describe)

3. Have you ever been charged with a criminal offense convicted of a felony or misdemeanor or arrested?

NO       YES (If yes, please explain) \_\_\_\_\_

4. How long have you lived in this area? \_\_\_\_\_

5. Do you anticipate any significant life changes over the next year or have you had any in the past year?

NO       YES \_\_\_\_\_  
(Please describe)

6. Do you speak any languages other than English?    NO    YES \_\_\_\_\_  
(Language(s))

7. Which do you enjoy more?      Indoor Activities      Outdoor Activities      No Preference  
Please list a few activities: \_\_\_\_\_

8. Do you have any guns or ammunition in your house? If yes, please describe the safety precautions in place to protect children.    NO      YES (If yes, please explain)

9. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home? (This would include television channels and Internet access)    NO      YES

**10. Do you have any pets? If yes, please indicate the type of pets and indicate any history of aggression (e.g. biting)      NO      YES (If yes, please indicate)**

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**11. Have you had any driving citations or moving violations in the past 5 years? If yes, please provide a description.**

**No      YES (If yes, please explain)** \_\_\_\_\_

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**12. Have you ever worked with children as a volunteer or paid staff?      No       YES (If Yes, List Dates & Contact Information)**

**Dates** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**13. In identifying a youth for you to work with, are there any special considerations you want us to know about?      NO      YES (If yes, please describe)**

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**14. Do you understand the time commitment of 2-3 hours at least bi-weekly for eighteen months?**

**NO      YES**

**15. Would you be willing to work with a child who has experienced physical, emotional or sexual abuse?**

**NO      Yes**

**16. What is your sexual orientation?** \_\_\_\_\_

**17. Do you have a preference to race?      NO      YES** \_\_\_\_\_  
(Preference)

**18. Before we continue with some additional questions about your personal background and life is there anything else you would like to tell us about yourself or any questions that you might have?**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# 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<br><input type="checkbox"/> Prospective adoptive parent<br><input type="checkbox"/> Employee of child care services<br><input type="checkbox"/> School employee governed by the Public School Code<br><input type="checkbox"/> School employee not governed by the Public School Code<br><input type="checkbox"/> Self-employed provider of child-care services in a family child-care home<br><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<br><input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program<br><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<br><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<br><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<br><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 checked="" type="checkbox"/> Volunteer having direct volunteer contact with children<br><b>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</b><br><input type="checkbox"/> Big Brother/Big Sister and/or affiliate<br><input type="checkbox"/> Domestic violence shelter and/or affiliate<br><input type="checkbox"/> Rape crisis center and/or affiliate<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) |
|---|---|

\_\_\_\_\_  
SIGNATURE OF OIM/CAO REPRESENTATIVE

\_\_\_\_\_  
OIM/CAO PHONE NUMBER

AGENCY/ORGANIZATION NAME:  
Big Brothers Big Sisters of Beaver County

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 Male                  Female 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 1475 Third Avenue
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY New Brighton
COUNTY	COUNTY	COUNTY Beaver
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE PA
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE 15066
COUNTRY	COUNTRY	COUNTRY USA
<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.	Parent Guardian person(s) who raised you		
2.	Parent Guardian 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 ( Big Brothers Big Sisters of Beaver County ).  
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

( Big Brothers Big Sisters of Beaver County ) 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**

**forementioned 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 ( Big Brothers Big Sisters of Beaver County ) 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.

(Over)



Please send my certification result(s) to:

Agency Name: Big Brothers Big Sisters of Beaver County  
Agency Street Address: 1475 3rd Avenue  
Agency City, State, Zip Code: New Brighton, PA 15066

\_\_\_\_\_  
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

*Beverly Evans*  
\_\_\_\_\_  
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

**DISCLOSURE AND AUTHORIZATION**  
(IMPORTANT –PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)  
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

BBBS of BEAVER COUNTY may obtain information about you for volunteer purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for volunteering is an investigation into your education and/or employment history conducted by First Advantage Background Services Corp. (“First Advantage”), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing BBBS of Beaver County to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by BBBS of Beaver County at any time after receipt of this authorization and throughout my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage P.O. Box 105292 Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of BBBS of Beaver County. Their Privacy Policy can be reviewed at <http://www.fadv.com/privacy-policy/>. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

**CONSUMER INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver’s License # \_\_\_\_\_ State of Driver’s License \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**CRIMINAL BACKGROUND STATEMENT**

Please check any of the following crimes if **you and/or another adult living in your household** have been charged, convicted, pled guilty or pled no contest to the following crimes in Pennsylvania or any other jurisdiction, as follows:

	YES	OFFENSE	ME	ADULT IN MY HOUSEHOLD	DATE OF OFFENSE(S)
1	<input type="checkbox"/>	Contempt for violation of a Protection from Abuse (PFA) order or agreement			
2	<input type="checkbox"/>	Driving under the Influence of alcohol or a controlled substance or drugs			
3	<input type="checkbox"/>	Possession, sale, delivery, manufacturing or offering for sale any controlled substance, drug, or device			
4	<input type="checkbox"/>	Criminal Homicide, Murder			
5	<input type="checkbox"/>	Aggravated Assault			
6	<input type="checkbox"/>	Terroristic Threats			
7	<input type="checkbox"/>	Stalking			
8	<input type="checkbox"/>	Kidnapping			
9	<input type="checkbox"/>	Unlawful Restraint			
10	<input type="checkbox"/>	False Imprisonment			
11	<input type="checkbox"/>	Luring a child into a motor vehicle or structure			
12	<input type="checkbox"/>	Rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault, indecent assault, indecent exposure, sexual abuse of children, sexual exploitation of children, sexual intercourse with an animal or incest.			
13	<input type="checkbox"/>	Sex offender non-compliance with registration requirements, statute, court order, probation or parole, or other requirements under 18 Pa C.S.A. 3130 and 42 Pa C.S. 9795.2			
14	<input type="checkbox"/>	Arson and related offenses			
15	<input type="checkbox"/>	Concealing death of a child			
16	<input type="checkbox"/>	Endangering the welfare of children			
17	<input type="checkbox"/>	Trading, bartering, buying, selling or dealing in infant children			
18	<input type="checkbox"/>	Prostitution and related offenses			
19	<input type="checkbox"/>	Obscene and other sexual materials and performances			
20	<input type="checkbox"/>	Corruption of minors or unlawful contact with a minor			

	YES	OFFENSE	ME	ADULT IN MY HOUSEHOLD	DATE OF OFFENSE(S)
21		A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction			
22		Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction			
23		Other			
<b>NON-CRIMINAL EVENTS</b>					
24		Named as a defendant under any Protection From Abuse (PFA) order, past or present.			
25		Have you or any household member ever received treatment from a drug or alcohol rehabilitation facility?			

**NO**  **NEITHER I NOR AN ADULT MEMBER OF MY HOUSEHOLD HAS BEEN CHARGED, CONVICTED, PLED GUILTY OR PLED NO CONTEST TO ANY OF THE ABOVE OFFENSES.**

If you have answered, "Yes" to any of the above offenses, please provide additional information as follows: (1) identify which offense by the number designated in the left column, (2) identify whether it was a charge, conviction, plea of guilt or plea of no contest, (3) identify the actor by their **full name** (you or the member of your household), and (4) the approximate dates of each offense (Month, Year).

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"The volunteer, intern, or applicant for a staff position must not have unresolved criminal charges or have had a conviction, A.R.D. or diversion for a DWI/DUI offense, reckless driving, or accident-involving serious injury or death in the prior two years. The Volunteer must provide BBBS with completion of any court mandated programs or overall completion of a diversion program, such as Accelerated Rehabilitative Disposition (A.R.D.)."

**This statement and verifications is made subject to the penalties of 18 Pa .C.S. §4904 relating to unsworn fabrications to authorities, which provides that if I knowingly make false averments I may be subject to criminal penalties. I further agree that in the event that I am charged with any of the above listed offenses at any time that I am participating with Big Brothers Big Sisters, I will notify Big Brothers Big Sisters of the charge(s) within 24 hours of notice to myself.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CRIMINAL BACKGROUND STATEMENT**

Please check any of the following crimes if **you and/or another adult living in your household** have been charged, convicted, pled guilty or pled no contest to the following crimes in Pennsylvania or any other jurisdiction, as follows:

	YES	OFFENSE	ME	ADULT IN MY HOUSEHOLD	DATE OF OFFENSE(S)
1	<input type="checkbox"/>	Contempt for violation of a Protection from Abuse (PFA) order or agreement			
2	<input type="checkbox"/>	Driving under the Influence of alcohol or a controlled substance or drugs			
3	<input type="checkbox"/>	Possession, sale, delivery, manufacturing or offering for sale any controlled substance, drug, or device			
4	<input type="checkbox"/>	Criminal Homicide, Murder			
5	<input type="checkbox"/>	Aggravated Assault			
6	<input type="checkbox"/>	Terroristic Threats			
7	<input type="checkbox"/>	Stalking			
8	<input type="checkbox"/>	Kidnapping			
9	<input type="checkbox"/>	Unlawful Restraint			
10	<input type="checkbox"/>	False Imprisonment			
11	<input type="checkbox"/>	Luring a child into a motor vehicle or structure			
12	<input type="checkbox"/>	Rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault, indecent assault, indecent exposure, sexual abuse of children, sexual exploitation of children, sexual intercourse with an animal or incest.			
13	<input type="checkbox"/>	Sex offender non-compliance with registration requirements, statute, court order, probation or parole, or other requirements under 18 Pa C.S.A. 3130 and 42 Pa C.S. 4952			
14	<input type="checkbox"/>	Arson and related offenses			
15	<input type="checkbox"/>	Concealing death of a child			
16	<input type="checkbox"/>	Endangering the welfare of children			
17	<input type="checkbox"/>	Trading, bartering, buying, selling or dealing in infant children			
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20	<input type="checkbox"/>	Corruption of minors or unlawful contact with a minor			

	YES	OFFENSE	ME	ADULT IN MY HOUSEHOLD	DATE OF OFFENSE(S)
21	<input type="checkbox"/>	A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction			
22	<input type="checkbox"/>	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction			
23	<input type="checkbox"/>	Other:			
<b>NON-CRIMINAL EVENTS</b>					
24		Named as a defendant under any Protection From Abuse (PFA) order, past or present.			
25		Have you or any household member ever received treatment from a drug or alcohol rehabilitation facility?			

**NEITHER I NOT AN ADULT MEMBER OF MY HOUSEHOLD HAS BEEN CHARGED, CONVICTED, PLED GUILTY OR PLED NO CONTEST TO ANY OF THE ABOVE OFFENSES.**

If you have answered, "Yes" to any of the above offenses, please provide additional information as follows: (1) identify which offense by the number designated in the left column, (2) identify whether it was a charge, conviction, plea of guilt or plea of no contest, (3) identify the actor by their **full name** (you or the member of your household), and (4) the approximate dates of each offense (Month, Year).

"The volunteer, intern or applicant for a staff position must not have unresolved criminal charges or have had a conviction, A.R.D. or diversion for a DWI/DUI offense, reckless driving, or accident involving serious injury or death in the prior two years. The Volunteer must provide BBBS with completion of any court mandated programs or overall completion of a diversion program, such as Accelerated Rehabilitative Disposition (A.R.D.)."

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date