



|                            |                       |
|----------------------------|-----------------------|
| _____                      | Background Check      |
| _____                      | References            |
| _____                      | Child Abuse Clearance |
| _____                      | Orientation           |
| _____                      | Shirt _____           |
| <b>FOR OFFICE USE ONLY</b> |                       |

**VOLUNTEER APPLICATION**

**PERSONAL DATA:**

Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone (work): \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date: \_\_\_\_\_ Birthday (Yr. - optional): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**AVAILABILITY:**

Date available to start: \_\_\_\_\_ Prefer: \_\_\_ A.M. \_\_\_ P.M. \_\_\_ Flexible  
 Days available: \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday  
 Days/times when I cannot volunteer: \_\_\_\_\_

**VOLUNTEER POSITIONS: Choose from the positions indicated below**

- Harsco Science Center:** Engage guests in the Center's exhibit spaces (daytime Monday – Sunday).
- Administrative:** Data entry, mailings, etc. (daytime Monday – Friday)
- Reception Desk:** Customer service, posting mail, mailings, etc. (daytime Monday – Friday)
- Information Desk Host:** Customer Service to Center guests: Approx. 2 four-hour shifts per month:  
 Monday – Saturday: 9:30am – 1:30pm or 1-5pm  
 Sunday: 11:30am – 2:30pm or 2 – 5pm
- Wonders Store:** Assist store staff with bagging items at the registers, re-stock shelves, answer questions, etc. (M-F: 10am – 2pm; Sat – Sun: 11:30-2:30 or 2-5)
- Select Medical IMAX Theater Usher:** Assist visitors into Select Medical IMAX Theater, collect tickets, distribute 3D glasses as needed (shifts subject to movie schedule)
- No Preference**

**SKILLS and INTERESTS:**

Current Employer: \_\_\_\_\_  
 Educational Background: \_\_\_\_\_  
 Volunteer Experience: \_\_\_\_\_  
 Hobbies/ Interests/ Skills: \_\_\_\_\_

**REFERENCES (non-related):**

| <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-------------|----------------|--------------|
| 1. _____    | _____          | _____        |
| 2. _____    | _____          | _____        |
| 3. _____    | _____          | _____        |

**Have you ever been convicted of a crime, civilian or military? Do not list minor traffic violations. A conviction record will not necessarily be a bar to volunteering.** \_\_\_\_\_

**How did you hear about the Volunteer Program at Whitaker Center?** \_\_\_\_\_

**Are you now or have you ever been related to a current or former Whitaker Center employee or volunteer?** \_\_\_\_\_

I understand that by signing this document I give permission to a representative of Whitaker Center for Science and the Arts to contact references I have listed. I understand that in being a volunteer for Whitaker Center, I am subject to background checks according to policy and procedure. Final acceptance as a volunteer is contingent upon these background checks.

\_\_\_\_\_  
 Signature of Applicant

**Return to: Volunteer Program  
 Whitaker Center for Science and the Arts  
 225 Market Street  
 Harrisburg, PA 17101  
 Phone: 717.724.3857  
 Fax: 717.221.8208**

**VOLUNTEER DISCLOSURE  
AUTHORIZATION AND RELEASE**

I understand that Whitaker Center for Science and the Arts (Whitaker Center), the Pennsylvania State Police or other authorized third parties may be conducting a background check in connection with volunteering. This background check may include an inquiry into my volunteer service history, education, general character or reputation, work experience, driving history, or criminal history.

I understand that Whitaker Center may rely on all or any part of this information in to volunteer. I further understand that if any adverse action is taken by Whitaker Center based upon any of this information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that a background check may be performed by Whitaker Center or its representatives as a part of the volunteer process, in order to evaluate the suitability of an applicant for volunteering and is not conducted for any other purpose other than in connection with volunteering. I understand that the information supplied by me shall be used solely for the purposes of obtaining information, validating or verifying information received, as a part of the background check.

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I, THE UNDERSIGNED APPLICANT FOR VOLUNTEERING, HAVE READ THIS VOLUNTEER DISCLOSURE AND BY SIGNING BELOW, HEREBY AUTHORIZE WHITAKER CENTER, ITS REPRESENTATIVES, AGENTS AND AUTHORIZED THIRD PARTIES, INCLUDING THE PENNSYLVANIA STATE POLICE, TO CONDUCT A BACKGROUND CHECK, AS DESCRIBED HEREIN, IN CONJUNCTION WITH MY APPLICATION FOR VOLUNTEERING AND HEREBY RELEASE SAID PARTIES FROM ANY AND ALL LIABILITIES RELATED TO THE USE, PROCUREMENT OR DISCLOSURE OF ANY INFORMATION PROVIDED BY ME OR OBTAINED ABOUT ME IN CONNECTION WITH VOLUNTEERING AND A BACKGROUND CHECK THAT MAY BE PERFORMED. I FURTHER DIRECT AND AUTHORIZE SUCH THIRD PARTIES WHO MAY BE THE CUSTODIANS OF OR WHO MAY BE IN POSSESSION OF REQUESTED RECORDS OR INFORMATION TO DISCLOSE SUCH INFORMATION OR RECORDS TO WHITAKER CENTER, THE PENNSYLVANIA STATE POLICE OR THEIR REPRESENTATIVES AND AGENTS, IN CONNECTION WITH THIS AUTHORIZATION AND RELEASE. I VOLUNTARILY PROVIDE MY DATE OF BIRTH IN ORDER TO OBTAIN, AND VERIFY RECORDS OBTAINED, IN THE BACKGROUND CHECK.

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

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

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

**\*\*\*\*\*THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS.\*\*\*\*\***

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

\_\_\_\_\_

\_\_\_\_\_

How Many Years at this Address? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

How Many Years at this Address? \_\_\_\_\_

Maiden Names/Prior Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Drivers License (DL) #: \_\_\_\_\_

DL State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

# PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I 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

|                            |
|----------------------------|
| <b>CHILDLINE USE ONLY</b>  |
| DATE RECEIVED BY CHILDLINE |

## SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

|  |  |                        |  |  |     |               |                   |  |  |                    |
|--|--|------------------------|--|--|-----|---------------|-------------------|--|--|--------------------|
| NAME<br><br>STREET<br><br>CITY, STATE<br>ZIP CODE            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td style="width: 33%;">AGE</td> <td style="width: 33%;">DATE OF BIRTH</td> <td style="width: 33%;">DAYTIME PHONE NO.</td> </tr> <tr> <td colspan="2">SEX<br/> <input type="checkbox"/> M <input type="checkbox"/> F                 </td> <td>COUNTY YOU LIVE IN</td> </tr> </table> | SOCIAL SECURITY NUMBER |  |  | AGE | DATE OF BIRTH | DAYTIME PHONE NO. | SEX<br><input type="checkbox"/> M <input type="checkbox"/> F |  | COUNTY YOU LIVE IN |
| SOCIAL SECURITY NUMBER                                       |  |                        |  |  |     |               |                   |  |  |                    |
| AGE  | DATE OF BIRTH  | DAYTIME PHONE NO.      |  |  |     |               |                   |  |  |                    |
| SEX<br><input type="checkbox"/> M <input type="checkbox"/> F |  | COUNTY YOU LIVE IN     |  |  |     |               |                   |  |  |                    |

**PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)**

|                       |                       |
|-----------------------|-----------------------|
| (FIRST, MIDDLE, LAST) | (FIRST, MIDDLE, LAST) |
|-----------------------|-----------------------|

**PURPOSE OF CLEARANCE (Check ONE block ONLY)**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> CHILD CARE<br><input type="checkbox"/> FOSTER CARE<br><input type="checkbox"/> ADOPTION<br><input type="checkbox"/> SCHOOL | <input type="checkbox"/> 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 FID-258). | <input type="checkbox"/> CWEP (Community Work Experience Program Participant) |
|---|---|---|

SIGNATURE OF CAO REP \_\_\_\_\_ CAO PHONE NO \_\_\_\_\_

**PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).**

| NAME (First, Middle, Last) 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 <b>NOT</b> LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE. | <input type="checkbox"/> APPLICANT <b>IS</b> 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

\_\_\_\_\_ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

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.

**It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.**

## PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

## PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

## FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

\_\_\_\_\_  
VERIFIER\_\_\_\_\_  
DATE\_\_\_\_\_  
VERIFIER'S SUPERVISOR\_\_\_\_\_  
DATE