



VOLUNTEER/INTERN APPLICATION

All prospective volunteer and intern applicants must submit a completed volunteer application.

SECTION I

Name _____ Nickname (if used) _____

Address _____

Phone: Home (H) _____ Cell (C) _____ Work (W) _____

Email _____

Preferred method of contact? Home Cell Work Email

Emergency Contact Name _____ Phone _____

Are you over 18 years of age? _____ Do you have access to transportation? _____

If employed, current employer and position _____

If applying for internship, in addition, please also complete the following school information:

School Attending _____ Undergrad/Grad _____

Major/Minor _____ GPA _____

Faculty liaison: Name _____

Email _____ Phone _____

Intern description applying for _____

Which Semester/Year? _____ How many number of hours per week? _____

Student goals for internship _____

SECTION II

How did you learn about Turning Point? _____

Have you ever received Turning Point services? _____ If yes, last date of service _____

Do you have any friends or relatives working at Turning Point? _____

If yes, what is their name? _____

Have you lived or worked in any states other than Pennsylvania? _____ If yes, where _____

Do you have previous volunteer experience? _____

If yes, where and what did you do?

List special interests, hobbies, and activities you enjoy: _____

Do speak any language(s) other than English? ___ If yes, which language(s)? _____

SECTION III

Have you ever been convicted of a felony and/or misdemeanor? _____ If yes, please explain _____

Please check if you have any of the following current clearances (*within the past year*)?

PA Criminal Record Check? _____ Child Abuse Clearance? _____ FBI Clearance? _____

Please indicate in the table below, the dates and times that you are available to commit to a regular schedule.

I am available to commit to the following schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

How often are you willing to commit to volunteering?

I am willing to commit to _____ days/week or _____ days/month and for _____ months or _____ years.

For direct service work, at minimum, volunteers/interns providing direct services must successfully complete the 45 hours of domestic violence training as required by the PCADV. Direct service volunteers/interns will also participate in an additional 10 hours of domestic violence related training annually. Turning Point of Lehigh Valley will also provide on the job training, experience, and supervision.

Authorization and Release:

I voluntarily authorize Turning Point of Lehigh Valley, Inc., and/or designee of its selection, to investigate my personal, criminal, child abuse, educational history, employment background, and other relevant background information. I further authorize Turning Point to contact persons, organizations, institutions or government agencies that may have knowledge of me.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further understand that Turning Point of Lehigh Valley, Inc., in its sole discretion, has the right to accept or refuse my application based on any legal reason.

Signature: _____ Date: _____

Notice of Equal Opportunity

Turning Point of Lehigh Valley is an Equal Opportunity Employer and applies the same standards to Volunteers, Contractors, Subcontractors, and Subgrantees.



Once you submit your application to us you will receive an email inviting you to an Orientation.

After attending an Orientation, you must submit the following documentation prior to attending our Volunteer Training:

- Copy of Clearances: Pennsylvania State Police Criminal Record Check
- Copy of ChildLine (Pennsylvania Child Abuse History Clearance through the Department of Human Services)
- Copy of FBI Criminal Background Check (fingerprint check)* or a signed “Disclosure Statement for Volunteers required by the Child Protective Service Law”

* The FBI Criminal Background Check is required if the volunteer has lived outside the Commonwealth of Pennsylvania in the last 10 years. If you have been a continuous resident of Pennsylvania for the past 10 years, you must sign a “*Disclosure Statement for Volunteers required by the Child Protective Service Law*” waiver stating this is true.

Additional items for interns only:

- Recent academic transcripts for each college/university you have attended (can be unofficial copies)
- Current résumé

Turning Point of Lehigh Valley Clearance Instructions

1. **Pennsylvania State Police Criminal Record Check** – (Free for volunteers)
Applicants can also go to the Pennsylvania Access To Criminal History website and apply for their criminal record check online with the Pennsylvania State Police at: <https://epatch.state.pa.us/Home.jsp> Click “New Record Check” Volunteers Only
For questions about the Pennsylvania State Police Request for Criminal Record Checks form (SP4 164), please call: (717) 783-9973 or toll free 1-888-783-7972.
2. **ChildLine (PA Child Abuse History Clearance through the Dept. of Human Services)** - Free for volunteers
Child Abuse History Clearance Online: <https://www.compass.state.pa.us/CWIS>
Creating an account and submitting your clearance application online will give you immediate access to your results or the status of your results if your results cannot be processed immediately. For questions about the CWIS site call the CWIS Support Center at 1-877-343-0494 or questions about your clearance, contact ChildLine and Abuse Registry at 1-877-371-5422.
3. **FBI Criminal Background Check** (fingerprint check) for federal criminal history records (\$22.60). <https://uenroll.identogo.com>.
The Pennsylvania Department of Human Services utilizes IDEMIA to process fingerprint-based FBI criminal background checks. The fingerprint-based background check is a multi-step process. For general questions about FBI clearances, please contact the FBI Background Check Unit at 717-783-6211 or 1-877-371-5422. For IDEMIA registration, processing, or billing questions, please contact IDEMIA/Identogo at 1-844-321-2101.

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____