

Dear Member of Neighbors North Catholic Community,

**In order to volunteer in any ministry of our parishes, you must have all clearances. For your convenience there is an enclosed list of requirements.**

You must begin with filling out an application for the diocesan database located on the website of The Diocese of Pittsburgh. **Scroll down to the Safe Environment Compliance. Click on Login to the Safe Environment Data Base.**

**Log In**

The first sentence **under the red print** says:

First Time Users are asked to **Click here** to register and create a user ID and Password to complete the application. **Once you have created an ID and Password begin completing all sections of the application.** You will be asked for an **Access Code. It is the word "PROTECT.** When each section is completed correctly, that section will receive a green check. Move down to the next section.

**When complete enter Submit. You will receive a message that your application has been submitted, if it's completed correctly.**

Once your application is reviewed, the state police clearance will be sent electronically to the Diocese of Pittsburgh database. Once I can view this in the database, **I will mail you the necessary papers to receive your PA state child abuse clearance. Fill these out immediately and return them to me so I can mail them in for you. There is no charge to you.** You must also sign the permission slip so that the papers can be returned to me by the state. Once they are returned they will be kept in a safe place. All of the information in your file is kept confidential.

Please fill out these child abuse clearance papers carefully. Please list all addresses that you have lived from 1975 and the members of your family since 1975. These papers may be returned to the church office or placed in the collection basket addressed to me,

**Marilyn Ruffner.**

**The Protecting God's Children workshop must only be attended once throughout your life time. This class is available online at Virtus.org. You will be asked to set up an ID and a password. Live classes are listed on this web site too. .**

**Enclosed is a waiver to sign instead of being fingerprinted. Please sign.**

**Please read and sign the booklets that are enclosed. The signed booklet pages may be placed in the same envelope as your application. Keep the booklets for reference.**

We appreciate your service to our parish. Without our volunteers it would be impossible to accomplish what is done in the parish. Thank you very much for all you do.

If you have any questions feel free to call me **at 412-931-2911 x 5. Leave a message. I will return your call**

**Yours in Christ,**  
**Marilyn Ruffner**



# 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 type="checkbox"/> Volunteer having direct volunteer contact with children<br>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:<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><br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)<br><br><div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>SIGNATURE OF OIM/CAO REPRESENTATIVE</span> <span>OIM/CAO PHONE NUMBER</span> </div> |
|---|---|

AGENCY/ORGANIZATION NAME:	PAYMENT AUTHORIZATION CODE, IF APPLICABLE:
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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
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EMAIL: (By submitting an email contact, you are agreeing to Childline contact you via email.)

# 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 #



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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 ( St Athanasius ).  
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

( St Athanasius ) 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

aforementioned 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 ( St Athanasius ) 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.

Please send my certification result(s) to:

Agency Name: *St Athanasius*  
Agency Street Address: *7 Chalfonte Ave*  
Agency City, State, Zip Code: *Pgh Pa 15229*

\_\_\_\_\_

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.

5/20/19  
Date

*Manly Ruffin*  
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.

**DIOCESE OF PITTSBURGH  
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 background check through the Federal Bureau of Investigation, 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 swear/affirm that I have NEVER 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 NEVER 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 (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) or (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.

*Please turn over and sign. Anyone may witness.*

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 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 employment or 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 background checks obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation. The cost of background checks 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 the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my background checks.

**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.**

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Witness Signature

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