

BALDWIN COMMUNITY UNITED METHODIST CHURCH  
APPLICATION FOR VOLUNTEERING WITH CHILDREN, YOUTH AND VULNERABLE ADULTS

Name of Applicant:

Date of Application:

\_\_\_\_\_

Volunteer Opportunities: (Please note if applying to drive a Church group)

\_\_\_\_\_

Applicant Address:

\_\_\_\_\_

Home Phone:

Cell Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Do you have any medical conditions, allergies, medications, etc., of which we need to be aware?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain below.

\_\_\_\_\_

**I have read and understand the Safe Sanctuary Policy of BCUMC.**

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

**All volunteers with children and youth and vulnerable adults must provide copies of the following clearances dated within 60 months of the application to volunteer. Clearances will need to be updated every 60 months from the date of the clearances:**

A) Pennsylvania Child Abuse History Clearance \_\_\_\_\_  
<https://www.compass.state.pa.us/cwis/public/home>

B) Pennsylvania State Police Criminal History Record Check \_\_\_\_\_  
<https://epatch.state.pa.us/Home.jsp>

C) \*FBI Fingerprint Federal Criminal History Background Check (see below) \_\_\_\_\_  
<https://www.identoqo.com/locations/pennsylvania> Service Code 1KG6ZJ

\*I affirm that I have been a continuous Pennsylvania resident for the past 10 years, and therefore, do not need to complete letter C above. I also affirm that I have no charges outside of Pennsylvania that would prohibit selection as a volunteer.

Name \_\_\_\_\_

Date \_\_\_\_\_