

# Diocese of Harrisburg

## Youth Protection Program



### EMPLOYEE/VOLUNTEER INFORMATION & DISCLOSURE STATEMENT

*(Please complete both sides – see note on page 2 regarding applicants for employment)*

As an applicant for employment or as a volunteer within the Diocese of Harrisburg, I am aware that criminal record checks and clearances will be requested in my name by my employing parish, school, or Secretariat. By signing below, I give my consent for the Diocese of Harrisburg to perform these clearances and record-checks, which will include record requests from the Pennsylvania ChildLine, the Pennsylvania State Police, and the Federal Bureau of Investigation (where applicable).

I am aware that any prior act of child abuse will disqualify me from employment or volunteer status. I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by the Pennsylvania Child Protective Services Law within the preceding five years.

I am aware that past conviction of certain crimes and offenses also disqualifies me from employment or volunteer status. I swear/affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state:

- 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)
- A felony offense under section 5902(b) relating to prostitution and related offenses)
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)
- A felony offense under the Act of April 14, 1972 (P.L. 233. No. 64) known as the Controlled Substance Drug Device and Cosmetic Act (within the preceding five years).

I swear/affirm that I have not been involved in the attempt, solicitation or conspiracy to commit any of the offenses set forth above. I swear/affirm that I will disclose before beginning any employment or volunteer position if I have ever been convicted of driving under the influence of drugs or alcohol, and that this may affect my eligibility for employment or volunteer service.

I understand that I will be dismissed if I have been named as a perpetrator of a founded report of child abuse within the past five years or have been convicted of any of the crimes listed above.

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

### Employee/Volunteer

Name: \_\_\_\_\_  
*(please print)*

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

Signature: \_\_\_\_\_  
**(Please sign this form in the presence of a witness.)**

Witness: \_\_\_\_\_

**Note: This form is not to be completed as part of the employment application process. Neither is it to be completed prior to an offer of employment. Employment is not guaranteed. Neither employment nor volunteer service may begin until the processing of the criminal background record check is completed and the results have been reviewed.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

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

Date of Birth (MM / DD / YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Street Address (Home) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

If you have lived at your current address for less than 2 years, please supply your previous address.

\_\_\_\_\_

**Residency** (please check one)

- I hereby certify that I have been a resident of Pennsylvania for the past two or more years.
- I have not been a resident of Pennsylvania for the past two years.

**Relationship** (please check one)

- Employment     Foster Parent     Adoption
- Religious (circle one: Priest Sister Deacon Brother Seminarian)
- Volunteer (please specify type: e.g., Religious Ed, youth ministry) \_\_\_\_\_

Primary Employment \_\_\_\_\_  
 or Volunteer Location: (name of parish, school, etc.)

\_\_\_\_\_  
 (city or town of parish, school, etc.)

Additional Employment \_\_\_\_\_  
 or Volunteer Location: (name of parish, school, etc.)

\_\_\_\_\_  
 (city or town of parish, school, etc.)

YOUR NOTES OR COMMENTS:

FOR OFFICE USE: