

MASON-DIXON CLAY BUSTERS, INC.  
VOLUNTEER CLEARANCE PROCEDURES - Pg. 2

ATTACHMENT 1

**INTAKE FORM FOR VOLUNTEERS**

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

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

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

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

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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, 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 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 administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the 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 the administrator of a program, activity or service is required to maintain a copy of my clearances.

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: \_\_\_\_\_

☐ I require a Federal (FBI) Criminal History Report and would like to be reimbursed. If checked please attach receipt.

**\*DO NOT WRITE BELOW THIS LINE, FOR ADMINISTRATIVE USE ONLY**

\_\_\_\_\_ PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE is on file

\_\_\_\_\_ PENNSYLVANIA STATE POLICE RESPONSE FOR CRIMINAL RECORD CHECK is on file

\_\_\_\_\_ FEDERAL (FBI) CRIMINAL HISTORY REPORT is on file **or**,

\_\_\_\_\_ PENNSYLVANIA RESIDENT VERIFICATION completed and is on file **and**

\_\_\_\_\_ DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS completed and is on file

\_\_\_\_\_ Applicant Approved

\_\_\_\_\_ Applicant **NOT APPROVED**

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