

Note to Applicant:

This is the basic application that must be followed up with references, interview and background check.

**Center for Champions
Youth and Family Mentoring**

251 Verbeke Street, Harrisburg, PA 17102
717.232.9675

MENTORING APPLICATION

Date: _____

1. Name: _____ Date of Birth: _____

Address: _____

Phone: (Hm) _____ (Wk) _____

Cell Phone: _____ E-Mail Address: _____

Marital Status: _____ Name of Spouse: _____

Ages of children: Boys _____ Girls _____

2. **Mentoring** is building a friendship with a child or youth who is missing either their mother or father in their lives. Being a mentor requires that you:

- Meet with a child 2-3 hours a week for a minimum of one year (at the end of year you and the child can recommit. The most helpful mentor relationships last several years.)
- Be a minimum of 21 years of age
- Be a Christian for a minimum of one year
- Be affiliated with the church for at least six months
- Attend a four hour mentor training
- Complete the screening process
 - Interview
 - Four references
 - Background check (Childline, State, FBI)

3. Would you have any restrictions affecting your availability and your ability to meet weekly with a child (family, car, license, schedule, etc.)?

4. Do you plan to live locally for at least one year? _____

5. Have you had any recent injuries or illnesses? _____

Do you have any physical challenges or limitations? _____

If yes, do you feel that this condition would impact your ability to maintain a weekly commitment? _____

6. Are you currently employed? _____

If yes, who is your employer? _____

What is your position? _____

How long have you been employed by this employer? _____

7. What church do you attend? _____

Who is the pastor of your church? _____

How long have you attended this church? _____

Are you involved in church activities? _____

If yes, what are they? _____

If no, have you participated in any church activities in the past? _____

If yes, what were they? _____

8. How and when did you come to faith in Christ? _____

9. Why do you wish to become a mentor? _____

If you are married or living with relatives, how does your family feel about you becoming a mentor?

10. What are your hobbies and interests? _____

Signature _____ Date _____



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Pastor Recommendation

Pastor's Name: _____ Church Name: _____

Date: _____

Dear _____

_____ has applied for volunteer work with *Center for Champions Youth and Family Mentoring*. *Center for Champions is a Christ-centered non-profit* involved with children and families in trouble or "at risk." The above named individual is being considered for involvement with an at-risk child in a one-to-one mentoring relationship. Due to the difficult nature of working with at-risk children, we need a candid recommendation from you as the Pastor. To help us determine whether this person is best suited for this type of volunteer work, we would appreciate you taking the time to answer the questions on this form as fully and specifically as you can. **Please be assured that this will be kept in confidence.** To help ensure this please *mail it directly to the address located at the top right corner of this form.*

How long have you known the applicant? _____

In what capacity? _____

Does the applicant have a good home relationship? _____

Does he/she work well with others? _____

Please comment on his/her level of commitment _____

Does he/she have a tendency to over-commit himself/herself? _____

How would you rate him/her according to the following:

	Excellent	Good	Average	Poor	Don't Know
Personal Habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Responsibility to complete commitments	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Christian maturity	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

If you were in our position, would you, without hesitation, consider this person to be a volunteer in this capacity?

Is there any reason why you would not recommend this applicant for working with a child? If yes, please explain.

To your knowledge, has the applicant ever been arrested? Y/N _____ Comment: _____

To your knowledge, has the applicant ever been accused or convicted of child abuse? Y/N _____

Comment:

Please call me, I'd like to give some detailed information concerning this applicant.

Signature _____ **Date** _____

Church Phone _____

Please use the back of this form if more room is needed. **Your immediate response is greatly appreciated!**



Spouse/Relative Reference

Date: _____

Dear _____

_____ has applied for volunteer work with *Center for Champions Youth and Family Mentoring*. *Center for Champions* is a Christ-centered non-profit involved with children and families in trouble or "at risk." The above named individual is being considered for involvement with an at-risk child in a one-to-one mentoring relationship. Due to the difficult nature of working with at-risk children, we need a candid recommendation from you as the Pastor. To help us determine whether this person is best suited for this type of volunteer work, we would appreciate you taking the time to answer the questions on this form as fully and specifically as you can. **Please be assured that this will be kept in confidence.** To help ensure this please *mail it directly to the address located at the top right corner of this form.*

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In what capacity? _____

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Does he/she work well with others? _____

Please comment on his/her level of commitment _____

Does he/she have a tendency to over-commit himself/herself? _____

How would you rate him/her according to the following:

	Excellent	Good	Average	Poor	Don't Know
Personal Habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Responsibility to complete commitments	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
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Comment:

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Signature _____ Date _____

Home Phone _____

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**Center for Champions
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Employer Reference

Date: _____

Dear _____

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Character	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Responsibility to complete commitments	_____	_____	_____	_____	_____
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Comment:

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Signature _____ Date _____

Home Phone _____ Work Phone _____

Please use the back of this form if more room is needed. Your immediate response is greatly appreciated!



Center for Champions
Youth and Family Mentoring
 251 Verbeke Street, Harrisburg, PA 17102
 717.232.9675

Friend Reference

Date: _____

Dear _____

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Compassion for those in need	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Responsibility to complete commitments	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Christian maturity	_____	_____	_____	_____	_____
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To your knowledge, has the applicant ever been accused or convicted of child abuse? Y/N _____

Comment:

Please call me, I'd like to give some detailed information concerning this applicant.

Signature _____ Date _____

Home Phone _____ Work Phone _____

Please use the back of this form if more room is needed. **Your immediate response is greatly appreciated!**

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NO.

SEX

M F

COUNTY YOU LIVE IN

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)

(FIRST, MIDDLE, LAST)

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- CHILD CARE
 FOSTER CARE
 ADOPTION
 SCHOOL

VOLUNTEERS-A copy of your PROCESSED "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).

CWEP (Community Work Experience Program Participant)

SIGNATURE OF CAO REP

CAO PHONE NO

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify 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).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II

RESULTS OF HISTORY CHECK

APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.

APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER

DATE

VERIFIER'S SUPERVISOR

DATE

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

VERIFIER_____
DATE_____
VERIFIER'S SUPERVISOR_____
DATE



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
ChildLine and Abuse Registry
P.O. BOX 8170
HARRISBURG, PENNSYLVANIA 17105-8170

**CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE**

I, (_____), hereby authorize the Department of Public Welfare,
Applicant's Name

ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to

(_____). I understand that this information is
Name of Requesting Agency

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 will not otherwise be released by

(_____) without my expressed authorization or pursuant to
Name of Requesting Agency

authorization by Title 55 of the Pennsylvania Code. **I also understand that the aforementioned**

information will not be released directly to me (_____) as stated on the
Applicant's Name

Pennsylvania Child Abuse History Clearance application. I understand that I will not receive a copy of my

Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy of
my Pennsylvania Child Abuse History Clearance from (_____)
Name of Requesting Agency

upon written request. 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 Clearance application as it otherwise relates to this consent. Further
I understand that if I am listed in the statewide central registry 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 clearance result(s) to:

- | Agency Name:
- | Agency Street Address:
- | Agency City, State, Zip Code:

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.

Date

Agency Representative's Signature

NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE 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.

FBI Fingerprinting

In order to receive your FBI clearance, please go to the following website and register under the Department of Education.

<https://www.pa.cogentid.com/index.htm>

Once registered, you will then need to go to a fingerprint location to have your prints taken.

Here are 2 of the locations in the Harrisburg area:

Family Financial Centers

2721 Agate Street
Harrisburg, PA 17110

The UPS Store #0698

4900 Carlisle Pike
Mechanicsburg, PA 17050