

Office Use Only:

* Response
* Agreement, Release, and Waiver
* PA Criminal Record Check
* Child Abuse Record Check
* PA Verification/FBI Clearance
* Orientation
* Commitment Form
* Placement: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CWS-**LANCASTER**

**VOLUNTEER APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name:** | |  | | | | | **Last Name:** | |  | | | | | | |
| **Mailing Address:** | | | |  | | | | | | | | | | | |
| **E-Mail:** |  | | | | | | **Home Phone:** | | |  | | **Cell Phone:** | |  | |
| **Today’s Date** | | |  | | | | |
| **Language abilities:** | | | | |  | | | | | | | | | |
| **Are you volunteering to fulfill a class requirement or community service?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **List any professional, civic or other organization that you belong to that you consider relevant to your ability to perform this job:** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Total hours/week you would like to volunteer and availability/schedule.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Start date for volunteer work:** | | | | | |  | | | | | **Finish Date:** | |  | | |
| **How did you learn about volunteer opportunities at Church World Service/Lancaster?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Do you have any particular skills or hobbies that you can share with CWS and/or its clients?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Emergency Contact** (Name, Relationship & Phone): | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |



CWS-**LANCASTER**

**VOLUNTEER APPLICATION**

Please check any of the following volunteer jobs of interest to you.

|  |  |  |  |
| --- | --- | --- | --- |
| Immigration/Citizenship Assistance |  | Family Mentor |  |
| CWS Office Support |  | Transportation Assistant |  |
| Interpreter/Translator |  | Health Care Advocate |  |
| Tour Guide/Friendship Partner |  | Furniture Mover/Repair person |  |
| Computer Trainer |  | Advisory Board Member |  |
| Job Skills Mentor |  | Personal Finance Coach |  |
| Job Readiness |  | Event Planning Assistant |  |
| Nesting Team |  | Welcome Kits |  |
| Advocacy (Circle preference) Within the Community With Legislatures |  | Other (Indicate Herein) |  |
|  |  |

Indicate here if you are part of the **Calvary FRIENDS Ministry YES NO**

**Background Checks:** CWS-Lancaster requires that *all volunteers* submit an appropriate ***PA Criminal check*** and ***Child Abuse History Clearance***. If you have been a resident of any other state in the past 10 years, you will need an ***FBI finger-printed clearance.*** Otherwise you will need to submit the PA residency waiver that is on the last page of this application. You will need to be cleared for service before beginning your assignment.

Volunteers are a vital part of achieving our goal of maintaining Lancaster as a welcoming community for refugees. We are thrilled to partner with you in this process!

**AR-1 VOLUNTEER REQUEST FOR WAIVER OF**

**FBI – FEDERAL CRIMINAL HISTORY FINGERPRINT RECORD CHECK**

I declare under penalty of perjury that the following is true and correct:

1. **Please initial the appropriate statements below**:

\_\_\_\_\_\_\_ I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-year period from the date of this document.

\_\_\_\_\_\_\_ I have NOT been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-year period from the date of this document, and I will obtain a FBI finger-printed criminal background clearance.

1. ­­­­­­­­­­­­­­­­­­\_\_\_\_\_I have NEVER been named as the perpetrator of a founded report of child abuse
2. I have **NEVER** been convicted of **any** of the following types of offenses, including the attempt, solicitation or conspiracy to commit any of the following offenses:

a. Criminal homicide b. Aggravated assault

c. Stalking d. Kidnapping

e. Unlawful Restraint f. Rape

g. Statutory sexual assault h. Sexual assault

i. Involuntary deviate sexual intercourse j. Aggravated indecent assault

k. Indecent assault l. Indecent exposure m. Incest

n. Concealing the death of a child o. Endangering the welfare of a child

p. Dealing in infant children q. Prostitution and related offenses

r. Crimes related to obscene and other sexual materials and performances

s. Corruption of minors t. Sexual abuse of children

1. Within the 5 year period immediately preceding the date of this document, I have not been convicted of a felony offense under The Controlled Substance, Drug, Device and Cosmetic Act; AND
2. I have not been convicted of an offense similar in nature to those crimes listed under paragraphs 2, 3 or 4 above 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 Pennsylvania.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

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

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_