



CWS-LANCASTER
Volunteer APPLICATION

Office Use Only:

- Response
- Clearances: Child Abuse, FBI or Waiver
- Drive: License , Policy, Personal Vehicle, insurance
- Policies: Code of Conduct, Child Safe, Anti-HT
- Education Session form
- Agreement, Release, and Waiver
- Commitment Form
- Placement: _____

Check here if interested in being an Interpreter/
Translator for CWS-Lancaster. Note: Must have fluency. Appointment times for interpretation needs are typically scheduled during work week at various times.

First Name: _____ Last Name: _____

Mailing Address: _____

Today's Date: _____ E-Mail: _____

Primary Phone #: _____

Language Abilities: _____

Are you volunteering to fulfill a class requirement or community service? (Circle) No Yes - explain below

List any professional, civic, or organization that you belong to that you consider relevant to volunteering at CWS: _____

Total hours/weeks you would like to volunteer and availability/schedule.

Start date for volunteer work: _____ End date: _____

How did you learn about volunteer opportunities at CWS/Lancaster?

Do you have any particular skills or hobbies that you can share with CWS and/or its Clients?

Do you have any physical conditions that may limit your activities? If yes, describe:



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Emergency Contact (Name, Relationship, & Phone):

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

Women’s Support Group Mentor		Friendship Partner	
CWS Office Support		Transportation Assistant	
Interpreter/Translator		Healthcare Advocate	
In-Home ESL Tutor		Housing Set-Up Assistant	
Furniture Mover/Handyman		Welcome Kit Coordinator	
Other (indicate interest below)			

Background Checks: CWS-Lancaster requires that all volunteers submit the clearances required by the PA Child Protective Service Law. These will be required to be updated as required by law.

Final approval comes from our Corporate office through the successful completion of a background check.

Volunteers are a vital part in the integration of refugees within the local community. We are thrilled to partner with you in welcoming our newest neighbors!

Please return completed form to:

CWS, c/o Volunteer Coordinator, 308 East King Street, Lancaster PA 17602

Email: handnhandLanc@cwsglobal.org Fax: 717-381-2896



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.

2. _____ I have NEVER been named as the perpetrator of a founded report of child abuse

3. 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 |

4. 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

5. 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 _____

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