



Directions for Camp Erin Pittsburgh

New Volunteer Packet:

Thank you for applying to be a volunteer! We can't do this without you!

All forms to fill out/actions to complete are listed below:

1. Volunteer Application
2. Reference Information Form
3. Recent photograph of yourself (for safety & identification purposes)
4. 2019 Eluna Photo, Publicity, & Liability Consent and Release Agreement
5. Camp Erin Pittsburgh Confidentiality Statement
6. Camp Erin Pittsburgh Photography Policy
7. Good Samaritan Hospice Consent and Release Agreement
8. Sexual Abuse Policy/Offender Search Form
9. Arrest/Conviction Report and Certification Form
10. Criminal Background Check**

To be completed by the volunteer, directions are attached.

11. PA State Background Check**

To be completed by the volunteer, directions are attached.

12. Disclosure Statement Application for Volunteers

If you have lived in the state of PA for the last ten consecutive years.

OR

13. Background Inquiry Release for FBI clearance.**

If you have NOT lived in the state of PA for the last ten consecutive years.

**All volunteers are required to have criminal, state and FBI clearances completed. If you have any of these clearances already, the following dates are accepted. If your clearance is dated before the cut-off, a new clearance will need completed. All directions to obtain clearances are attached on a separate sheet.

Criminal Background Check: 06/10/18 or later

PA State Background Check: 06/10/14 or later

FBI Background Check: 06/10/14 or later

2019 Camp Erin Pittsburgh Volunteer Application



Please submit application to:

Mail:

Attn: Alison Marcin
Camp Erin Pittsburgh
116 Browns Hill Rd
Valencia, PA 16059

E-mail: amarcin@good-samaritanhospice.org

Fax: 724-933-8844

REQUIREMENTS:

1. Must be at least 18 years of age
2. Must complete 3 background checks (paid for by Camp Erin Pittsburgh)
3. New volunteers are required to complete an interview & attend training & pre-camp event.

Name First: _____ **Middle:** _____ **Last:** _____

Preferred first name (to be printed on your name tag): _____

I am 18 years old or older: Yes No **Sex:** Male Female

Street address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **E-mail address:** _____

Emergency contact name: _____ **Relationship:** _____

Emergency contact phone: _____

Ethnicity (for demographic purposes only):

- American Indian / Alaskan Native Latino / Hispanic Asian African American
 Native Hawaiian / Pacific Islander Caucasian Multi-race Other _____

Military Affiliation: Active Duty Reserves Veteran Branch _____

Why are you interested in volunteering at Camp Erin?

What age groups are you most interested in working with? Staffing needs will be met as indicated by the needs of campers; however we will attempt to place you where you feel you will be most comfortable. (Check all that apply):

- Young (6-9 yrs old) Tween (10-12 yrs old) Teen (13-17 yrs old)

Dietary requirements/restrictions (specify): _____

T-shirt size (circle one): Small Medium Large Extra Large 2X Large 3X Large

Have you previously volunteered for Camp Erin? (Check all that apply.)

- 2011 2012 2013 2014 2015 2016 2017 2018

Are you a previous Camp Erin camper? Yes No (If yes, what was the last year you were a camper? _____)

Are you a Good Samaritan Hospice or Concordia Lutheran Ministries employee? Yes No

How did you hear about Camp Erin?(Circle) Internet Brochure Newspaper TV Other: _____

Hobbies, skills, interests, talents:

Volunteer experience:

Organization Position Dates

Education/special training:

School Dates Major Degree/Certificate

Recent employment history:

Employer Job Title How long?

Current: _____

Previous: _____

Have you experienced a personal loss that has guided you to volunteer with our camp? Yes No

If yes, was it in the last year? Yes No

Please tell us a bit more about the loss. _____

Mandatory Training and Pre-Camp Event

Mandatory trainings and a pre-camp event required of all new volunteers. You can choose either Option A or Option B. Please note that Option A is a one-day training, and Option B is two evening trainings. If you choose Option B, you need to attend both evening trainings. Please check your preferred option.

Mandatory Training

Location: Butler Health System, 1 Hospital Way, Butler PA 16001, 2nd Floor Tower, Nixon Sarver Room

Option A:
Saturday, April 27th, 2019 – Time: 10am-4pm

Option B:
Thursday, April 25th, 2019 – Time: 6pm-9pm AND Wednesday, May 8th, 2019- Time: 6pm-9pm

Mandatory Pre-camp Event: Save the Spot Camp Kickoff

Location: YMCA Camp Kon-O-Kwee Spencer, 126 Nagel Road, Fombell, PA 16123

Please check to verify that you will be attending:

Sunday, May 19th, 2019* – Time: 12pm-3pm

And now, the fun part....Camp Roles!!

Please read the following description/requirements and check which role(s) you would prefer.

Cabin Big Buddy (CBB)

CBBs work as a small group to supervise, support and interact with a small group of campers throughout the weekend of camp. CBBs are required to attend the entire camp weekend. This vital volunteer role has the most “hands-on” experience with the campers.

Grief Activity Facilitator (GAF)

GAFs meet before camp as a group to help plan bereavement activities. During camp, they will facilitate the grief activities with the campers/volunteers. They are not required to attend the entire camp weekend but are highly encouraged to do so. To be a GAF, you have to have volunteered for Camp Erin Pittsburgh at least once before as a CBB.

Clinical Point Person (CPP)

These volunteers must hold master’s degrees in a behavioral health-related field such as social work, counseling or psychology. CPPs meet before camp as a group to help plan bereavement activities. During camp, CPPs will support the GAFs with grief activities and will support the CBBs with behavioral interventions as needed with campers/volunteers. CPPs are required to attend the entire camp weekend. There will be three main CPPs designated (1 per age group) and the rest will be supports for each age group as needed.

Nurse

Camp Nurses help campers/volunteers/staff with any medical issues that may arise during the camp weekend. They are not required to attend the entire camp weekend but are highly encouraged to do so. RN preferred. There will be a main camp nurse. Other camp nurses will assist main camp nurse and provide break coverage over the weekend.

Photography/Videographer

The photographers/videographers will record digital media of various camp events. Media will become property of Camp Erin Pittsburgh. They are not required to attend the full camp weekend but are encouraged to do so.

Pet Therapy

All pet therapists must provide proof of animal certification as a therapy animal and up-to-date vaccine records. Pet therapists do not have to stay the entire camp weekend. Pet therapists and Camp Director will coordinate schedules to ensure coverage at appropriate camp activities.

Welcome & registration and/or Departure/closing ceremony

These volunteers only attend the opening or closing of camp and will be present for a few hours on Friday and/or Sunday. Therefore they do not need to attend the two trainings or the Save the Spot event. (Please note that you would not be permitted to participate in other parts of camp without attending the trainings.) This position is great for those with very outgoing personalities to welcome our camper families and volunteers. will be asked to attend a short meeting with logistical staff and Activities Coordinator to understand the flow of camp.

Logistics

Logistics volunteers assist the Activities Coordinator with making sure camp activities run smoothly and are supplied adequately. They also help with welcome/registration and/or departure/closing ceremony. This position is great for volunteers who can ‘go with the flow’ and are happy jumping in where needed with any camp activity. They are not required to stay the entire weekend but are encouraged to do so. They will be asked to attend a short meeting with other logistical staff and the Activities Coordinator to understand the flow of camp.

I certify that the information provided on this application is true and complete to the best of my knowledge.

**Must be hand-written signature. Cannot type or use signature program.

Signature: _____

Date: _____

Camp Erin Volunteer Reference Information

References should not be a relative or significant other.

Your name (please print):

ALL FIELDS ARE REQUIRED TO BE COMPLETED. Thank you.

Reference #1

Name _____

Phone _____

Email _____

Relation _____

Reference #2

Name _____

Phone _____

Email _____

Relation _____

Reference #3

Name _____

Phone _____

Email _____

Relation _____



2019 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, _____, understand that Eluna desires to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin®, whether as a camper, employee or volunteer, to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I have agreed to grant and by this Consent and Release (defined below) do hereby grant, certain rights Eluna and release Eluna from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer) or on behalf of my child (if I am the parent or guardian of a minor camper, employee or volunteer). This Consent and Release Agreement ("Consent and Release") confirms my child's and my grant of rights and our agreement as follows:

1. Grant of Rights. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna and its employees, agents, representatives, contractors, successors, and assigns Eluna the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child ("Images and Remarks"); and, (b) use, copy, distribute, perform, display and create derivative works of my or my child's Images and Remarks or using or incorporating my or my child's Images and Remarks; and (c) create other materials or copyright protected works using or incorporating my or my child's Images and Remarks ("Promotional Materials"), in any form or manner, including any electronic or non-electronic medium now known or later devised, all in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials of Eluna using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna therefor.

2. Contact. I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna for such purposes.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and its directors, employees and advisors (collectively, the "Released Parties") from any and all claims, demands, causes of action, damages (including, without limitation any direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any utilization of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, "Harm") that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Erin. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS.

(over please)

4. Representations and Warranties. I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

5. Binding Agreement. This Consent and Release expresses the entire understanding between Eluna, me and my child, and supersedes any prior agreements and discussions between us with respect to my or my child's Publicity Rights. In granting the rights herein, neither I nor my child have been coerced or induced to do so by any representations or assurances by Eluna or its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna may, in its sole discretion, assign or transfer some or all of this Consent and Release.

6. Governing Law. The laws of the State of Washington will govern this Consent and Release, without regard to choice of law principles. Actions or claims of any type related to this Consent and Release shall be brought in the appropriate court in the State of Washington, USA, and the parties hereby submit to the venue and jurisdiction of such court and waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

7. Severability. If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, it is my intention and understanding that this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA IS RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Camper or Volunteer or Staff Member or Parent/Guardian of any of the foregoing

Individual participating is a: Camper Volunteer Staff Member

Please initial if individual signing is the parent or legal guardian of the individual participating: _____

Camper Name: _____ Date of Birth: _____ / _____ / _____

Camper Email (optional – to receive camper newsletter): _____

Parent or Guardian / Volunteer / Staff Member Name: _____

Address: _____

City, State and Zip: _____

Phone Number: Mobile Home _____

Guardian/Volunteer/Staff Email: _____

Signature: _____ Date: _____

Camper/Volunteer/Staff Member (if over age of majority in state of residence)

Parent/Guardian (if Camper/Staff Member/Volunteer is under age of majority in state of residence)

**CAMP ERIN PITTSBURGH
CONFIDENTIALITY STATEMENT**

I, _____, understand that in the performance of my duties as a Camp Erin Pittsburgh volunteer, I may hear or see information concerning campers/their families or volunteers/staff. I understand that I am obligated to maintain the confidentiality of this information at all times, both when volunteering and when off duty.

I understand that failure to maintain the confidentiality of information will result in disciplinary action, including removal from the volunteer program. I further understand that I could be subject to legal action.

I certify by my signature that I have participated in orientation for Camp Erin volunteers and/or received information concerning the privacy and confidentiality considerations of Camp Erin Pittsburgh, its employees, volunteers, campers and family members.

Volunteer Signature

Date

Print name

**CAMP ERIN PITTSBURGH
VOLUNTEER PHOTOGRAPHY POLICY**

I _____ agree as follows:
(Print name of volunteer)

I agree I will not take any photographs during the Camp Erin Pittsburgh weekend or at any other Camp Erin Pittsburgh related event unless given permission by Camp Erin Pittsburgh. This is to protect the safety of campers and volunteers who did not grant permission to be photographed and also to protect how photographs of campers and volunteers are used.

Any photographs that I do take without written permission must be immediately deleted and not shared by any means (i.e. social media, email, physically printed, etc.)

(Date)

(Volunteer signature)

**Good Samaritan Hospice/Camp Erin Pittsburgh
Consent and Release Agreement**

I _____ agree as follows:

In consideration of the agreement of Good Samaritan Hospice/Camp Erin Pittsburgh team members to provide bereavement camp services at my request and INTENDING TO BE LEGALLY BOUND HEREBY, I agree to indemnify and hold harmless Good Samaritan Hospice, their affiliates, members, employees, volunteers, officers, directors, and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by myself/my family member, or anyone acting on his/her behalf, for the purpose of enforcing a claim for damages because of any damage to property, or injury (including death) to myself as a result of or in any way related to my participation in camp activities.

I agree that in case of injury, I will apply my own hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to Good Samaritan Hospice or The Eluna Network for the payment of any medical costs or injury related costs.

I also hereby consent to being interviewed and/or having my picture taken while attending Camp Erin Pittsburgh activities. I further consent to the use of the interview and/or photos/videos for various marketing purposes including brochures, newsletters, advertising, publications, website, etc. Although I understand that I may keep any original artwork or drawings that I create, I agree that Camp Erin Pittsburgh may make a copy or likeness of the artwork for use for similar marketing purposes. I agree that such photos and the copy or likeness of such artwork connected therewith shall remain the property of Good Samaritan Hospice/Camp Erin Pittsburgh.

(Date)

(Print Name)

(Sign Name)



Sexual Abuse Policy Form/Offender Search

Policy

Camp Erin® prohibits and does not tolerate sexual abuse in the workplace, at camp, or in any organization related activity. The organization provides procedures for employees, volunteers, campers, victims of sexual abuse, or others to report sexual abuse as well as disciplinary penalties for those who commit such acts. No employee, volunteer, camper or third party, no matter his or her title or position, has the authority to commit or allow sexual abuse.

Camp Erin has a zero tolerance policy for any sexual abuse committed by an employee, volunteer, camper or third party. Sexual abuse will result in appropriate disciplinary action up to and including termination of employment of service, removal from camp, and/or criminal prosecution.

Procedure

This Sexual Abuse Policy is given to all new hires and volunteers, and acknowledgement that they have read and understand this policy will be received. Annually, all employees and volunteers will review and discuss the Sexual Abuse Policy, and a written acknowledgement will be received and placed in their personnel file.

For purposes of this policy, sexual abuse is defined as inappropriate sexual contact or interaction of a harmful or potentially harmful nature for the gratification of the adult who is a caregiver and/or responsible for the child's care. Sexual abuse includes sexual molestation, sexual assault, sexual exploitation, or sexual injury. Any incidents of sexual abuse reasonably believed to have occurred will be reportable to appropriate law enforcement agencies and regulatory agencies. Physical and behavioral evidence or signs that someone is being sexually abused can be researched, determined and provided by partner organization to their staff and volunteers.

Reporting Procedure

If you are aware of, or suspect, that sexual abuse is taking place, you must immediately report it to the Camp Director. If the suspected abuse is to a child, the abuse will be reported to the determined local or state Child Abuse Agency. If the state abuse agency is unknown, a call may be placed to the Child Help's National Child Abuse Hotline, 1-800-422-4453. If it is an adult who is the victim, the suspected abuse will be reported to the local or state Adult Protective Services (APS) Agency. Appropriate family members will be notified of alleged instances of sexual abuse. Camp Erin will report the alleged sexual abuse incident to the organization's insurance agent.

Anti-retaliation

Camp Erin prohibits relation against any employee, volunteer or camper who reports a good faith complaint of sexual abuse or who participates in any related investigation. Making false accusations of sexual abuse in bad faith can have serious consequences for those who are wrongly accused. The organization prohibits making false and/or malicious sexual abuse allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action and other appropriate liabilities, including but not limited to termination and removal from camp.

Investigation and follow-up

Camp Erin takes all allegations of sexual abuse seriously and promptly responds by investigating the allegations. Camp Erin cooperates fully with any investigation conducted by law enforcement or other regulatory agencies.

Camp Erin reserves the right to temporarily remove the accused from any and all contact with campers or other identified individuals.

Camp Erin makes every reasonable effort to keep the matters involved in the allegation as confidential as possible while still allowing for a prompt and thorough investigation.

Acknowledgement of Receipt and Understanding of Sexual Abuse Policy

I acknowledge that I have received and read Camp Erin’s sexual abuse policy and/or have had it explained to me. I understand that Camp Erin will not tolerate the commission of sexual abuse by any employee, volunteer, or third party. Disciplinary action will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in this abuse policy, including acts of retaliation against any employee/volunteer who reports sexual abuse or who participate in and related investigation.

I acknowledge that Camp Erin may terminate my employment/service with or without cause or notice in relation to a violation of this policy.

Signature

Print name

Date

**Camp Erin Pittsburgh/Good Samaritan Hospice
National Sex Offender Search Authorization**

I consent to allow Camp Erin Pittsburgh/Good Samaritan Hospice to use my full legal name to conduct a search on the National Sex Offender Search website. (www.nsopw.gov)

Signature

Print name

Date

ARREST/CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____ Date of Birth: _____

Other names by which you have been identified: _____

Section 2. Arrest or Conviction

- By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.
- By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See page 2 of this form for a list of Reportable Offenses.

Details of Arrests or Convictions

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

Section 3. Child Abuse

- By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past (5) years as defined by the Child Protective Services Law.
- By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature

Date

LIST OF REPORTABLE OFFENSES

A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:

(1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

- 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 2910 (relating to luring a child into a motor vehicle or structure)
- 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 3124.2 (relating to institutional sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 3129 (relating to sexual intercourse with animal)
- 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(a)(1) (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)
- Section 6318 (relating to unlawful contact with minor)
- Section 6319 (relating to solicitation of minors to traffic drugs)
- Section 6320 (relating to sexual exploitation of children)

(2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as “The Controlled Substance, Drug, Device and Cosmetic Act.”

(3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:

- the United States; or
- one of its territories or possessions; or
- another state; or
- the District of Columbia; or
- the Commonwealth of Puerto Rico; or
- a foreign nation; or
- under a former law of this Commonwealth.

A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:

(1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.

(2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.

(3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.

**Good Samaritan Hospice / Camp Erin Pittsburgh
Background Inquiry Release**

In connection with my volunteer work with Camp Erin Pittsburgh, I understand that an investigative background inquiry will be made on me including federal / state criminal background checks, and driving records. I authorize, without reservation any party or agency contacted by Good Samaritan Hospice/Camp Erin Pittsburgh to furnish the above-mentioned information.

Print Full Name _____
First Middle Last

Maiden Name _____

Date of Birth ____/____/____ **Race** _____

Place of Birth _____ **Country of Citizenship** _____
City State

Social Security # _____ **Driver's License #** _____

Sex ____ **Eye Color** ____ **Hair Color** ____ **Height** ____ **Weight** ____

Current Address: Street _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____

Have you been a resident of the Pennsylvania for the last ten consecutive (10) years? Yes _____
No _____

If no, please list previous addresses:

Street Address _____ **Street Address** _____

City _____ **City** _____

State _____ **State** _____

Zip code _____ **Zip code** _____

Applicant Signature _____ **Date** _____

Camp Erin Pittsburgh*116 Browns Hill Rd*Valencia, PA 16059

All of the above information is being requested in order to obtain accurate retrieval of records

PA State Criminal Background Check

Free – To be completed by volunteer and copy of clearance given to Camp Director

Directions: Visit site below to complete free clearance. Click on yellow button stating “New Record Check (Volunteers Only)”

<https://epatch.state.pa.us/Home.jsp>

PA Child Abuse Background Check

Free – To be completed by volunteer and copy of clearance given to Camp Director

Directions: Visit site below to complete free clearance:

<https://www.compass.state.pa.us/cwis/public/home>

FBI Background Check

Free – Paid for by Camp Erin Pittsburgh

Directions: If you have lived in the state of Pennsylvania for 10 or more consecutive years, an FBI clearance is not required. If you have not, complete and return the attached registration form.

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below 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 of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes 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 of this Commonwealth.

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)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes 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 of this Commonwealth.

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 as listed above, 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 employment decisions or 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 employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or 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 certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

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: _____