ICBC Teen Volunteer Information - Working with Children and Youth

This information is to be completed by any teens seeking to volunteer with children or youth at ICBC. This is not an employment application. This is to help us provide a safe environment for children and youth who participate in our programs and use our facilities.

Name:			Date:		
Last	First	Middle			
Present address (physi	cal and mailing):				
City:		State:	_ Zip code	:	
Home phone: Cell phone:					
Name of church where	you are a member:				
I have been given, read, and understand the ICBC Child Protection Policy and Addendum and agree to follow its guidelines.				Yes Date:	
I have a current Pennsylvania State Police Criminal Background Clearance. I understand this needs to be renewed every 60 months.				Yes Date:	
3. I have a current Pennsylvania Child Abuse History Clearance. I understand this needs to be renewed every 60 months.				Yes Date:	
4. I affirm that I have lived in the state of PA for the previous 10 years.				Yes	No
 a. If the above answer is no, then I agree to cooperate in getting an FBI Clearance completed. 				Yes	No
5. I understand and give permission for my name to be submitted to our insurance company, as an approved volunteer who has completed all of the stated requirements.				Yes	No
Church to take an active	role in providing for the	of my knowledge. I cover safety and well being of t d confidentially by the chi	hose under my		aptist
Signed:		, , , , , , , ,	Date:		