

Application to Volunteer in Diocesan Elementary Schools

Name:		_
Address:		_City/State/Zip:
Phone:		_Email:
Have you lived	outside of Pennsylvania in the last 1	0 years?
If so, wh	ere?	
Pennsylvania Department of Education Requirements: (to be filled in by school official)		
PA Child Abuse	Clearance (Act 151)	Date of Clearance:
PA Criminal History Clearance (Act 34)		Date of Clearance:
Arrest/Conviction Report & Certification (Act 24)		Date Signed:
FBI Fingerprint Clearance (Act 114) *if applicable		Date of Clearance:
Diocesan Requirement: (only required if you have never done the Youth Protection Program or the previous Protecting God's Children Program)		
Youth Protection Program:		Date of Completion:
□ A	application	
	Code of Conduct	
	Inistry Reference	
	Disclosure Form	
	/ideo/Test	

Revised 2.2015 JAS/KK