Background Investigation Forms Instructions

**General Instructions**

1. Complete all gray sections on forms.
2. Do not use any initials. Your full name needs to be spelled out completely.
3. Email completed forms to mhalpin@capbigs.org. Copy staff who originally emailed you the document (if applicable).

**Intellicorp, State Police, and DMV Release**

1. List **all** addresses you've lived at for the past **seven** years. If necessary, you may provide addresses in the body of your email or print and attach it to your packet.
2. List **all** names used in the past, including maiden name and the years used.

Note: We cannot use the address information for the PA Child Abuse History Clearance form. This is a separate legal release form, thus requiring the information to be filled out in its entirety.

**Pennsylvania Child Abuse History Clearance Form**

1. List **all** previous names, addresses, and household members **since 1975**. If necessary, you may also provide addresses in the body of your email, or print and attach it to your packet.
2. For the Purpose of Certification, check the "Volunteer having direct contact with children" and "Big Brother/Big Sister and/or affiliate" as the sub purpose.
3. You do not need the $8 fee for your clearance application.

Note: We cannot use the address information for the Intellicorp, State Police, and DMV Release form. This is a separate legal release form, thus requiring the information to be filled out in its entirety.

**Federal Bureau of Investigation Clearance**

1. If you have lived in Pennsylvania for the entire previous ten years, and have not been convicted of any of the offenses listed on the FBI Certification Affidavit, you do not need to have your fingerprints taken. Simply read, sign, and date the affidavit.
2. If you have lived outside Pennsylvania any time in the previous ten years, or have been convicted of any of the offenses listed on the FBI Certification Affidavit, do not sign the affidavit. Instead, complete the FBI Background Check Registration form. Once Big Brothers Big Sisters has registered you for fingerprinting, you will receive an email with further direction.

**Big Brothers Big Sisters of the Capital Region**

**Under contract with Intellicorp Records, Inc**

Intellicorp, State Police, and DMV Release

**AUTHORIZATION TO RELEASE INFORMATION**

|  |  |
| --- | --- |
| I, Last Name, First Name, Middle Name |  |
| LAST, FIRST, MIDDLE |  |
|  |
| **Current Address** |
| Current Street Address, Apt. # |  | City |  | STATE |  | Zip |  |  Year-Present |
| STREET |  | CITY |  | STATE |  | ZIP |  | DATES OF RESIDENCE |
|  |
| **Addresses for the Past Seven Years** |
| Former Street Address, Apt. # |  | City |  | STATE |  | Zip |  |  Year- Year |
| STREET |  | CITY |  | STATE |  | ZIP |  | DATES OF RESIDENCE |
|  |
| Former Street Address, Apt. # |  | City |  | STATE |  | Zip |  |  Year- Year |
| STREET |  | CITY |  | STATE |  | ZIP |  | DATES OF RESIDENCE |
|  |  |  |  |  |  |  |  |  |
| Former Street Address, Apt. # |  | City |  | STATE |  | Zip |  |  Year- Year |
| STREET |  | CITY |  | STATE |  | ZIP |  | DATES OF RESIDENCE |
|  |
| First Name Middle Name Last Name; First Name Middle Name Last Name |  | Year-Year; Year-Year |
| OTHER NAMES USED (INCLUDING MAIDEN NAME) |  | YEARS USED |
| First Name Middle Name Last Name; First Name Middle Name Last Name |  | Year-Year; Year-Year |
| OTHER NAMES USED (INCLUDING MAIDEN NAME) |  | YEARS USED |
| DD/MM/YYYY |  | ###-##-#### |  | ## ### ### |  | STATE |  |
| DATE OF BIRTH |  | SOCIAL SECURITY NUMBER |  | DRIVER'S LICENSE NUMBER |  | STATE |  |
|  |  |  |  |  |  |  |
| do hereby authorize verification of all information in my application by **IntelliCorp Records, Inc.** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for **IDENTIFICATION PURPOSES.** I certify that I have made true, correct, and complete answers and statements on my volunteer application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.  I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of my opportunity for volunteering. |
| First Name Last Name |  | DD/MM/YYYY |  | [ ]  | By checking this box and typing my name, I am providing my electronic signature agreeing with the terms above.  |
| ELECTRONIC SIGNATURE |  | DATE |  |  |  |
|  |
| **THIS FORM WILL BE USED BY BBBS OF THE CAPITAL REGION FOR THE FOLLOWING CHECKS:** 1)NATIONAL CRIMINAL DATABASE (to check criminal history throughout 50 states); 2) MEGAN’S LAW LIST (to determine absence of name on list of sexually violent offenders); 3) SOCIAL SECUTITY CHECK (verification of identity); and 4) TERRORIST WATCH LIST (routine part of criminal check) 5) PA State Police; 6) The Unified Judicial Systems of PA web portal THIS IS TO REITERATE THAT INFORMATION LEARNED WILL BE USED ONLY TO DETERMINE ELIGIBILITY FOR VOLUNTEER SERVICE AND WILL NOT BE RELEASED TO OTHER PARTIES; 7) DMV Big Brothers Big Sisters of the Capital Region.**DISCLAIMER:** THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACYOF THE INFORMATION CONTAINED HEREIN. INFORMATION IS FROM PUBLIC AND PRIVATE RECORDS. IntelliCorp |

I, Type Your First Name Type Your Last Name depose and state the following:

FBI Certification Affidavit

1. That I have resided in Pennsylvania for the entire previous ten (10) years and have not been convicted, of any of the following offenses:
	1. **An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statues:**

Chapter 25 (relating to criminal homicide);

Section 2702 (relating to aggravated assault);

Section 2709.1 (relating to stalking);

Section 2901 (related to kidnapping)

Section 2902 (related 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);

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 (relating to corruption of minors);

Section 6312 (relating to sexual abuse of children); or

the attempt, solicitation, or conspiracy to commit any of the foregoing criminal offenses.

* 1. I have not been determined to be the perpetrator of a Founded Report of child abuse during the entirety of the five-year period immediately preceding today's date, which is set forth below.
	2. I have never been convicted of a criminal offense similar in nature to the criminal offenses in section (a), 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 Pennsylvania.
	3. I have not been convicted of a felony offense under the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act, 35 P.S. Section 780-101 et. seq., during the entirety of the five-year period immediately preceding today's date, which is set forth below.

FBI Certification Affidavit (continued)

I verify that the statements made herein are true and correct. I make these statements subject to the petitions of 18 PA C.S. § 4904 relating to unsworn falsification to authorities. I understand that false statements herein are made subject to immediate termination of volunteer services.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name Last Name |  | DD/MM/YYYY |  | [ ]  | By checking this box and typing my name, I am providing my electronic signature agreeing with the terms above.  |
| ELECTRONIC SIGNATURE | DATE |
|  |
|  |  |  |  |  |  |
| BBBS STAFF WITNESS | DATE |

FBI Background Check Registration

If you have resided outside Pennsylvania at any time during the past ten years, please complete the form below so a Federal Bureau of Investigation background check can be conducted. Results will be sent directly to Big Brothers Big Sisters of the Capital Region; copies can be provided upon request.

|  |  |
| --- | --- |
| Last Name: | Type Your Last Name |
| First Name: | Type Your First Name |
| Middle Name: | Type Your Middle Name |
| Date of Birth: | MM/DD/YYYY |
| Birth City: | Type Your Birth City |
| Birth State/Country (if outside US): | Type Your Birth State |
| Social Security Number: | ##-###-#### |
| Sex: |  |
| Race: |  |
| Eye Color: |  |
| Hair Color: |  |
| Height: | Ft.'In. |
| Weight: | Lbs. |
| Country of Citizenship: | Type Your Country Of Citizenship |
| Driver's License Number: | Type Your License Number |
| Address: | Type Your Address |
| City: | Type Your City |
| State: | Type Your State |
| ZIP: | ##### |
| Phone: | ###-###-#### |
| Email: | Type Your Email Address |

**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF PUBLIC WELFARE**

**ChildLine and Abuse Registry**

**P.O. BOX 8170**

**HARRISBURG, PENNSYLVANIA 17105-8170**

CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM

FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I, (Type Your First Name Type Your Last Name), hereby authorize the Department of Public Welfare,

 Applicant’s Name

ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to

 (Big Brothers Big Sisters of the Capital Region). I understand that this information is confidential in nature

 Name of Requesting Agency

pursuant to §6340 (relating to information in confidential reports) of the Child Protective Services Law

(CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released by (Big Brothers Big Sisters) without Name of Requesting Agency

my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code**. I also**

**understand that the aforementioned information will not be released directly to me**

 **(Type Your First Name Type Your Last Name) as stated on the Pennsylvania Child Abuse History**

 **Applicant’s Name
 d**

**Clearance application. I understand that I will not receive a copy of my Pennsylvania Child Abuse

History Clearance directly from ChildLine;** however, I may request a copy of my Pennsylvania Child

Abuse History Clearance from (Big Brothers Big Sisters**)** upon written request. I have read this

Name of Requesting Agency

Consent/Release of Information Authorization form and fully understand and agree to its content. I further

understand and agree to all information and ramifications of the Pennsylvania Child Abuse History

Clearance application as it otherwise relates to this consent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name Last Name |  | DD/MM/YYYY |  | [ ]  | By checking this box and typing my name, I am providing my electronic signature agreeing with the terms above.  |
| ELECTRONIC SIGNATURE | DATE |

**Please send my clearance result(s) to:**

Agency Name: Big Brothers Big Sisters

Agency Street Address: 1500 North 2nd Street, Suite H

Agency City, State, Zip Code: Harrisburg, PA 17102

NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE FORM/APPLICATION (CY 113) IS NOT COMPLETED ACCURATELY OR IF IT IS INCOMPLETE, THE CY 113 WILL BE RETURNED TO THE APPLICATION AND NOT BACK TO A THIRD PARTY.

