Clearance Overview

**General Instructions**

Background Investigation Forms 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**

1. 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.



**DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR VOLUNTEER/EMPLOYMENT PURPOSES**

**DISCLOSURE**

In considering you for employment/volunteering and, if you are employed/selected as a volunteer, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Big Brothers Big Sisters of the Capital Region (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

* a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
* an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



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

**AUTHORIZATION TO OBTAIN INFORMATION**

I have read and understand the foregoing Disclosure, and authorize Big Brothers Big Sisters of the Capital Region to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

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|  |  |  |  |  |  |
| PRINTED/TYPED NAME |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  | By checking this box and typing my name, I am providing my electronic signature. |
| SIGNATURE | DATE |
|  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, | | | | | | | | | | | |  | | | | | | |
| LAST, FIRST, MIDDLE | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | |  | |  | | | | |  | |  |  |  |  | |  |
| STREET | | | | CITY | | | | | STATE | ZIP | DATES OF RESIDENCE |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  |  |
| OTHER NAMES USED (INCLUDING MAIDEN NAME) | | | | | | | | | | | | | | | | | YEARS USED |
|  | | | | | | | | | | | | | | | | |  |
| OTHER NAMES USED (INCLUDING MAIDEN NAME) | | | | | | | | | | | | | | | | | YEARS USED |
|  |  |  |  | | | | | | | | | | | | | | | |
| DATE OF BIRTH | SOCIAL SECURITY NUMBER |
|
| 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. | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  |  |  | By checking this box and typing my name, I am providing my electronic signature. | | | | | | | | |
| SIGNATURE | | | | | DATE |
|  | | | | | | | | | | | | | | | | | | |



|  |  |
| --- | --- |
| I,  FBI Certification Affidavit | depose and state the following: |
| FIRST NAME LAST NAME |  |

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.

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.

FBI Certification Affidavit (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | FOR ELECTRONIC FORM ONLY:  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: | | | | | | |  | | | | | |
| First Name: | | | | | | |  | | | | | |
| Middle Name: | | | | | | | |  | | | | |
| Date of Birth: | | | | | | | |  | | | | |
| Birth City: | | | | |  | | | | | | | |
| Birth State/Country (if outside US): | | | | | | | | | | | |  |
| Social Security Number: | | | | | | | | | |  | | |
| Sex: |  | | | | | | | | | | | |
| Race: | |  | | | | | | | | | | |
| Eye Color: | | | | | |  | | | | | | |
| Hair Color: | | | | | |  | | | | | | |
| Height: | | |  | | | | | | | | | |
| Weight: | | |  | | | | | | | | | |
| Country of Citizenship: | | | | | | | | |  | | | |
| Driver's License Number: | | | | | | | | | | |  | |
| Address: | | | |  | | | | | | | | |
| City: | |  | | | | | | | | | | |
| State: | |  | | | | | | | | | | |
| ZIP: | |  | | | | | | | | | | |
| Phone: | | |  | | | | | | | | | |
| Email: | | |  | | | | | | | | | |

**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, (     \_\_\_\_\_\_\_\_\_\_\_\_\_\_), 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**

**(**     \_\_\_\_\_\_\_\_\_\_\_\_\_\_**) 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | FOR ELECTRONIC FORM ONLY  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.



