



Background Checks and Clearances

for Lay Church Staff and Volunteers

It is the responsibility of each church to designate a person to oversee and document clearances for their lay leaders and volunteers. This information is **not** kept in the diocesan office, and it should be readily available if requested.

The state-level Child Abuse History report, state-level Criminal Record Check report, and FBI Fingerprinting report are required by law (Act 151) for anyone working with children (age 18 and younger). Volunteers who have lived in PA for 10+ years may submit the waiver from the FBI Fingerprinting (clergy and employees are NOT permitted to use the waiver). More information may be found on the PA Dept. of Human Resources [website](#). Also recommended for lay leaders, such as vestry, is the MinistrySafe Sexual Abuse Awareness online training.

State Child Abuse History Clearance

Renew every 5 years.

PA staff and volunteers: Visit the Child Welfare website at <https://www.compass.state.pa.us/cwis/public/home>. The cost is \$13.

Out of state: the website below has current requirements for each state:
<https://www.adoptuskids.org/for-professionals/interstate-adoptions/state-child-abuse-registries>

State Criminal Record Check

Renew every 5 years. Visit <https://epatch.pa.gov/home> for a record check in Pennsylvania. The cost is \$22 for employees and free for volunteers.

FBI Fingerprinting Clearance

Renew every 5 years. You MAY be eligible to use a waiver if you are a volunteer (see next page). Clergy and employees are NOT permitted to use the waiver. Appointments are scheduled at <https://uenroll.identogo.com/>. For additional help, call 855-845-7434.

IDENTOGO CODE: If an individual's role/position is unpaid, DHS service code **1KG6ZJ** would be appropriate. If an individual's role/position is paid, DHS service code **1KG756** would be appropriate. The cost is \$25.25 for employees and \$23.25 for volunteers.

MinistrySafe Sexual Abuse Awareness Online Training

Also recommended for lay leaders, such as vestry.

Renew every 3 years. The cost for those NOT under the Philadelphia Insurance Company is \$8. Your church should have a designated supervisor to initiate the training for your volunteers. If needed, contact the [diocesan office](#) to have an individual designated as a supervisor in the MinistrySafe system.



AR-1 VOLUNTEER REQUEST FOR WAIVER OF FBI – FEDERAL CRIMINAL HISTORY FINGERPRINT RECORD CHECK

I declare under penalty of perjury that the following is true and correct:

1. Please initial the appropriate statement below:

_____ I have been a resident of the Commonwealth of Pennsylvania during **the entirety of the previous ten-year period** from the date of this document.

_____ I have **NOT** been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-year period from the date of this document, but I have received a favorable Federal Criminal History Record Check since I have established residency in the Commonwealth. (A copy of the Federal Criminal History Record Check is attached. Document cannot be older than five years.)

2. I have **NEVER** been named as the perpetrator of a founded report of child abuse;

3. I have **NEVER** been convicted of one or more of the following types of offenses, including the attempt, solicitation or conspiracy to commit any of the following offenses:

- | | |
|---|--|
| a. Criminal homicide | l. Indecent exposure |
| b. Aggravated assault | m. Incest |
| c. Stalking | n. Concealing the death of a child |
| d. Kidnapping | o. Endangering the welfare of a child |
| e. Unlawful Restraint | p. Dealing in infant children |
| f. Rape | q. Prostitution and related offenses |
| g. Statutory sexual assault | r. Crimes related to obscene and other sexual materials and performances |
| h. Sexual assault | s. Corruption of minors |
| i. Involuntary deviate sexual intercourse | t. Sexual abuse of children |
| j. Aggravated indecent assault | |
| k. Indecent assault | |

4. Within the **5-year period** immediately preceding the date of this document, I have not been convicted of a felony offense under The Controlled Substance, Drug, Device and Cosmetic Act; AND

5. I have not been convicted of an offense similar in nature to those crimes listed under paragraphs 2, 3 or 4 above 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 Pennsylvania.

I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Signature

Print Name

Date