

Mt. Zion UCC Volunteer Information Sheet

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ PREFERRED METHOD OF CONTACT: phone/email

DATE OF BIRTH: _____ SEX: _____

EMERGENCY CONTACT? Please include name, address, phone number, and their relationship to you.

1. _____

2. _____

NAME OF YOUR PHYSICIAN: _____ PHONE: _____

ANY ALLERGIES TO MEDICATION? _____ IF SO, LIST: _____

ANY FOOD ALLERGIES OR OTHER ALLERGIES? _____ IF SO, LIST: _____

MEDICATIONS THAT YOU TAKE REGULARLY (this information is held in confidence and is requested only so that such information can be provided to medical personnel in the event of an emergency):

YOUR INSURANCE PROVIDER: _____

POLICY # _____ GROUP # _____

RELEASE TO SEEK TREATMENT:

If a hospital is necessary, I grant permission to be transported to _____ Hospital, and I give permission for the hospital to arrange such emergency treatment as may be needed. I will assume responsibility for fees incurred by such an emergency.

IF THE INFORMATION ON THIS SHEET CHANGES,
I WILL NOTIFY THE CHURCH OFFICE IMMEDIATELY.

PLEASE SEE REVERSE PAGE.

Mt. Zion UCC Volunteer Application Continued...

Acknowledgement of Being a Mandated Reporter

In 2014, the Pennsylvania State Legislature passed a series of laws to increase the protection of children. It is now required that any volunteers working with children supply a Pennsylvania Criminal History Clearance Certification and a Certification from the Pennsylvania Department of Human Services (Child Abuse Clearance). If you have lived in Pennsylvania for less than ten years or if you are a staff member who works with children and youth, an FBI Federal Criminal History Clearance (fingerprinting) is required. These clearances must be updated every 36 months.

Every volunteer with children is now also considered a Mandated Reporter. A mandated reporter is someone who is compelled to report any suspicion of child abuse and/or neglect. Mt. Zion will offer periodic trainings on mandated reporting.

Please sign on the line below to indicate your understanding that you are a mandated reporter and that you agree to comply with the guidelines of mandated reporting:

I will report to Child Line (1-800-932-0313 or www.compass.state.pa.us/cwis)- without undue delay-- any good-faith suspicion or belief that a child has been subjected to abuse or neglect or if a child has disclosed to me that they have been abused or neglected. I will also report any person who discloses to me that they have committed abuse of a child or if they know of a child who is being abused. I will not delegate this responsibility to anyone else, and will not be interfered, delayed, or dissuaded from making this report. I will also notify one or both of the pastors or a member of church council if the report that I make involves or relates to any church related person or activity.

I understand that if I need further training on what it means to be a mandated reporter, I will attend a training at Mt. Zion, seek information at keepkidssafe.pa.gov, or will consult online training at www.reportabuse.pitt.edu.

Signature

Printed Name

Date