



**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538

**SAFE ENVIRONMENT PARISH EMPLOYEE REQUIREMENTS CHECKLIST**

**All Parish employees regardless of having contact with children must have the following:**

- 1. Pennsylvania State Police Criminal Record Check** (Pennsylvania Access to Criminal History (PATCH))  
(Less than one year old, recheck every 5 years) – new volunteers please complete **PATCH** online at: [Pennsylvania Access To Criminal History - Home \(state.pa.us\)](https://www.pennsylvania.gov/patches) please click on “New Volunteer Record Check”, OR send your completed “Background Authorization Form” to [punger@allentowndiocese.org](mailto:punger@allentowndiocese.org)
- 2. Pennsylvania Child Abuse History Certificate** (Recheck every 5 years). To obtain the **Pennsylvania Child Abuse History Certificate**: <https://www.compass.state.pa.us/cwis/public/home> . A free check is available every 57 months. A free payment code is available through your Local Safe Environment Coordinator (LSEC) or your CYO Representative.
- 3. Federal Bureau of Investigation Criminal “DHS” Background Fingerprint Check** (18+ years old)  
(less than one year old, recheck every 5 years) –payment code is available through your Local Safe Environment Coordinator or your CYO Representative. Register for the fingerprint at <https://uenroll.identogo.com> with payment code obtained from Local Safe Environment Coordinator (LSEC). During registration, make an appointment for fingerprint scanning at a nearby public site. Print receipt, take it to the appointment and provide receipt to the LSEC. Approximately two weeks after fingerprinting, you will receive the results in the mail. Bring the original document to the Local Safe Environment Coordinator for submission to the Diocese when you receive it.
- 4. Signed Acknowledgment form for 2022 Diocese of Allentown Sexual Abuse Policy** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- 5. Signed Acknowledgment form for 2022 Diocese of Allentown Code of Conduct Policy** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- 6. Signed Acknowledgment form for 2022 Diocese of Allentown Social Media and Electronic Communications Policy** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- 7. Protecting God’s Children** attendance certificate, only needs to be done once, please see attached directions. Print certificate of completion
- 8. Certificate from Mandated Reporting Training** (good for 5 years) Mandated Reporter Training can be done at [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu). Please see attached directions. Print certificate of completion.
- 9. Acknowledgement Form for Child Protective Services Law (CPSL) Policy.** Review the Diocese of Allentown’s Child Protective Services Law Policy (attached) and sign the acknowledgement form.
- 10. Signed Background Check Authorization Form**, attached
- 11. Motor Vehicle Report** – if driving on behalf of a Diocesan location, please fill out part “C” and “E” of the attached “Request for Driver Information Form”. Please mail original to Diocese of Allentown Safe Environment Office, PO Box F, Allentown PA 18105-1538
- 12. Nation Sex Offender Registry Check**, must be less than a year old and completed every five years.  
<https://www.dhs.pa.gov/KeepKidsSafe/Resources/Documents/NSOR.APPLICATION.05.02.22.pdf>

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,  
ALLENTOWN, PENNSYLVANIA 18102

# PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

## DIOCESE OF ALLENTOWN Instructions to Obtain VOLUNTEER

### State Police Criminal Record Checks (PATCH)

Begin by going to the website <https://epatch.state.pa.us/>.

1. Click "New Record Check" (Volunteers Only) – the yellow button.
2. Read and accept the Terms and Conditions.
3. The Drop-down menu for "Reason of Request" should be "VolunteerFREE" with no other options available.
  - a. If that is not the case, you may need to start over with the yellow button.
4. Fill out Contact Information.
  - a. Those with the red asterisk (\*) are required and the form will not allow you to continue without providing that information.
5. Click "Next."
6. Confirm information on "Review Requestor" page and click "Proceed."
7. Fill in information for the Record Check.
  - a. Those with red asterisk (\*) are once again required.
  - b. Social Security Numbers are highly recommended and will allow the report to come back more quickly.
8. Click "Enter This Request."
  - a. If another report is needed for another individual (spouse, for example), you may enter that information now. Click "Enter This Request" again after.
  - b. If not, click "Finished" on the next page without entering further information.
9. Confirm information on "Record Check Request Review" and click "Submit."
10. Click on the hyperlinked Control Number to come to the "Record Check Details."
11. Click "Certification Form" above the "Back" button.
12. Click "OK" on the pop-up dialogue box concerning printing margins.

This resulting document is the **OFFICIAL Certification**.

Print and save this document for your records. You will need to provide this certificate to your respective Local Safe Environment Coordinator or location contact. They will then send it to the Diocese of Allentown Background Check Office for you to be officially cleared given all the required background check documentation.

If additional reports need to be saved, use the "Back" options provided on the page only as the back button of your browser may result in an error and possible loss of these record checks, which can only be recovered with the assigned control number.

Please be aware that receipts and invoices are not acceptable as final documentation of the clearance. These are only useful if less than a year old allowing us to pull the official certificate.

# PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

# PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

## DIOCESE OF ALLENTOWN Instructions to Obtain EMPLOYEE

### Child Abuse History Certification Clearances

<https://www.compass.state.pa.us/cwis/public/home>

#### Create and Access an Individual Account

1. Use the address above to access the site to apply for a clearance.
2. You will need to begin the process of applying for a Child Abuse Clearance by creating an individual account. Click the "Create an Individual Account" button.
3. Read the information for creating a Keystone ID on the "Create Keystone ID: General Information" page. Click Next.
4. Create a Keystone ID. It can be any user name that you are familiar with for example: lastnamefirstinitialmiddleinitial like "smithab."
5. Be sure to write down your chosen questions and the answers exactly. You will need the exact spelling of the answer for future use when asked the question as a security measure.
6. At this point you will receive an email with your Keystone ID (user name). Print this email for your records. You will receive a second email with a temporary password. Copy just the password for you next login.
7. Login to the system by clicking "Individual Login" on the home page given above.
8. Click "Access my Clearances."
9. Use your Keystone ID and the temporary password you received in your email to login to the system.
10. Choose a method to verify your identity, either answering security questions or receiving a verification code at your email address.
11. Answer "What type of device are you using?" with one of the following options:
  - a. "Public" as in a public device like one that might be at a library or a school
  - b. "Private" as in a private device that you own
12. Set a permanent password and write it down for your records. Close the window.
13. Login to the system (web address above) again using your Keystone ID and the permanent password that you have set.
14. Once you have logged in, you will be taken to the "My Child Welfare Terms and Conditions" page. Read through it and then select "I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions" box at the bottom of the page and click "Next".
15. Click "Continue."

**PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE**



## PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

### Applying for a Child Abuse History Certification

16. Click "Create a Clearance Application."
17. Click "Begin"
18. For the Application purpose:
  - a. Employees of a parish must select "Individual 14 years or older applying for or holding a paid position as an employee with a program, activity, or service."
  - b. Employees of a school (either new hire or looking to update clearances) must select "School employee governed by the public school code."
  - c. **Please note:** Volunteer clearances cannot be used for employment.
19. Enter all requested information. Make sure to include a local address that you have access to, so that you can receive a mailed copy of your results in addition to an electronic copy, if so desired.
20. Be sure to include your social security number that you can receive your results in a timely manner. Applications without a social security number provided can take more time to return results.
21. When you are listing the people you have lived with, please be sure to include your parents, even if you have not lived with them in the last 25 years. This will prevent the application from being kicked back for insufficient information.
  - a. All applicants who were under 18 years of age in 1975 must list their parents or guardians among their Household Members.
  - b. Those who have passed can still be listed. You can note this rather than giving an age.
22. If you received a payment code (See label below), please enter it when asked to do so.

Place Payment Code Label Here

(LSEC Use Only)

23. Once you have completed the application click "Submit." Make note of the application number that shows at the end.

### Next Steps:

You should receive an email that your application was received. You will also receive an email when your clearance is ready to access online. If you requested to receive a paper copy in the mail, that should arrive within 2 to 3 weeks, as long as the information you provided was accurate to the best of your knowledge and complete to the satisfaction of ChildLine.

If your application resulted in a letter requesting missing information, you may respond to this either by writing the information on the letter and mailing it back to ChildLine (address at the end of the letter), or you may call the ChildLine Verification Unit using the phone number on the letter to provide the missing information.

**PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE**



# PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

## DIOCESE OF ALLENTOWN

### Instructions to Obtain Fingerprints for Church Volunteers and Employees

Go to the registration site: <https://uenroll.identogo.com/>

Enter your Service Code to get started

- **Volunteer** – **1KG6ZJ** for DHS Volunteer
- **Employee** – **1KG756** for DHS Employee

Select Schedule or Manage Appointment.

#### During registration:

- You will be required to enter your personal information.
- Information marked with a red asterisk (\*) is required.
- To receive a copy of your receipt by email, you must enter your email as your preferred form of contact. If you do not enter an email, no receipt will be sent to you.
- You will be asked to fill in Employee Information, please enter  
**Employee Name:** Diocese of Allentown  
**Country:** United States  
**Address Line 1:** PO Box F  
**Address Line 2:** - leave blank-  
**City:** Allentown  
**State:** Pennsylvania **Postal Code:** 18105-1538
- You will be asked if your mailing address is the same as your residential address, please select **NO**  
**When the mailing address comes up, please enter, PO Box F, Diocese of Allentown, Allentown PA. 18105. Please enter your home address in the residential address area.**

Payment Code

- You will be asked to enter your authorization/coupon/payment code (included on above label). The first 5 digits of the code should correspond to the service code that you used to start the registration process (in yellow above).
- Once you have finished entering your information, you can choose a fingerprint location by zip code. Select an appointment time and schedule your fingerprints.
- Print a copy of the confirmation to take with you to fingerprinting appointment AND for your records.
- At the time of your appointment you will receive a printed receipt, please give a copy to your location, keep the original for your files.
- An unofficial copy of your results will be sent to your email address, unless you don't have one. Your unofficial results are only available once, through a one-time use link. **Do NOT login with your phone** because the system doesn't allow letters pulled via mobile devices but it does count as your single login. Only use the link provided by Identogo when you are on a computer and have the ability to save and print it. Please keep this copy (either from email or regular mail) for your records.

**PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE**



**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538

**ACKNOWLEDGMENT/CERTIFICATION**  
**DIOCESE OF ALLENTOWN**  
**2022 POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE**

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

---

Date

---

Signature of Clergy/Religious/Employee/Volunteer

---

Location

---

Printed Name

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,  
ALLENTOWN, PENNSYLVANIA 18102



**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538

**ACKNOWLEDGMENT/CERTIFICATION**  
**DIOCESE OF ALLENTOWN**  
**POLICIES AND PROCEDURES REGARDING 2022 CODE OF CONDUCT**

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Code of Conduct. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Code of Conduct or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Code of Conduct and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

---

Date

---

Signature of Clergy/Religious/Employee/Volunteer

---

Location

---

Printed Name

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,  
ALLENTOWN, PENNSYLVANIA 18102





**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538

**ACKNOWLEDGMENT/CERTIFICATION DIOCESE OF ALLENTOWN  
POLICIES AND PROCEDURES REGARDING 2022 SOCIAL MEDIA AND  
ELECTRONIC COMMUNICATIONS**

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Social Media and Electronic Communications.

I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion. I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Social Media and Electronic Communications or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Social Media and Electronic Communications and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clergy/Religious/Employee/Volunteer

\_\_\_\_\_  
Location

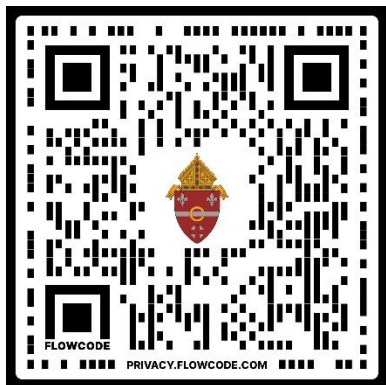
\_\_\_\_\_  
Printed Name

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,  
ALLENTOWN, PENNSYLVANIA 18102

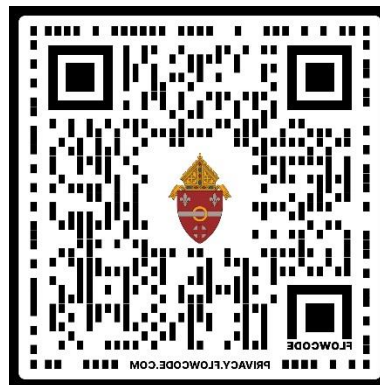


**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538

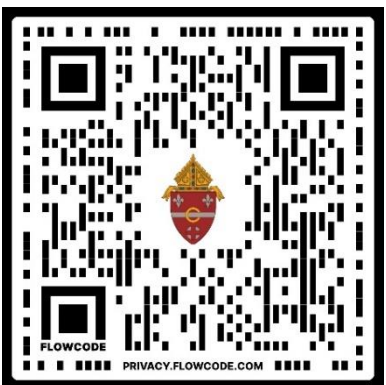
Code of Conduct, English



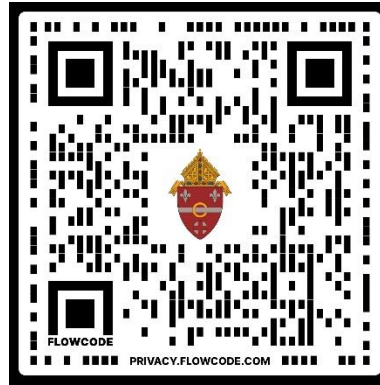
Code of Conduct, Spanish



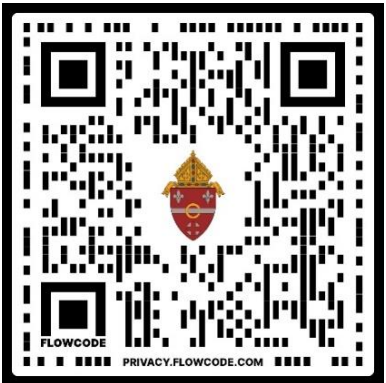
Sexual Abuse Policy, English



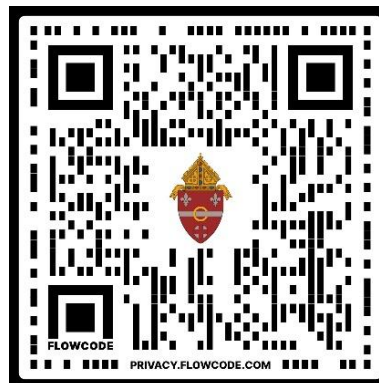
Sexual Abuse Policy, Spanish



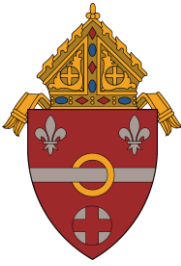
Social Media Policy, English



Social Media Policy, Spanish



OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,  
ALLENTOWN, PENNSYLVANIA 18102





**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538

**Instructions to Obtain PGC Certificates**

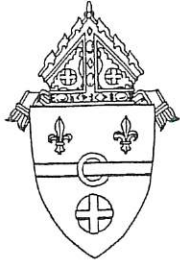
**Protecting God's Children Program (PGC)**

The Protecting God's Children™ program is a virtual training that includes videos and question and answer segments. All clergy, employees, or volunteers who interact with children are required to attend. Currently Protecting God's Children is once and done.

1. Please visit <https://www.virtusonline.org/virtus/>
2. Select the **"First-Time Registrant"** button
3. Select  **"Begin the registration process"**
4. Using the dropdown arrow select **"Allentown, PA (Diocese)"**
5. Click **"yes or no"** if you have previously registered with Virtus. Select **"No"** if you are not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill in all \*items. Do not select **"No Email,"** you must have an email address to do the virtual training.
8. Please select the primary location you will be volunteering/employed  
**Please select at least one primary role you perform at this location**  
**Please select any additional roles you perform at this location**  
**Please enter your actual title or position of service**
9. Select **"Yes"** if you are associated with any other diocesan locations, **"No"** if you are not.
10. Please answer the four questions on the next page, by selecting **"Yes"** or **"No"**
11. Please print and read the documents on the next page, **select "I have read and understand this document", fill in your name and the date, select continue.**
12. On the next page **Select "Online Training" or "Online Spanish Training,"** then click the **"Continue Button"**
13. Have you already attended a VIRTUS Protecting God's Children Session? select **"Yes" or "No"**
14. If you selected **"No"** please select the training you'd like to take (English or Spanish).
15. Your home page will open, please click on **You have 1 online module assigned**, to start your training.
16. Thank you for registering for Virtus Online.
17. Upon completion, please print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator. Certificate can be found under training history. 
18. The following roles will be assigned monthly online readings on the Virtus website:

Priests	Deacons	Seminarians	Principals	K of C with Squire Programs
DRE/CRE	LSEC	Coaches	Youth Ministers	Prep/CCD Teachers
Employees	Teachers			





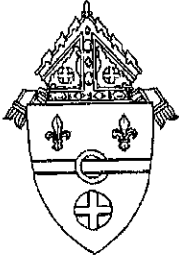
**DIOCESE OF ALLENTOWN  
SECRETARIAT FOR CATHOLIC HUMAN SERVICES  
AND YOUTH PROTECTION  
Post Office Box F  
Allentown, Pennsylvania 18105-1538**

**Instructions to Obtain Mandated Reporter Certificates**

**Mandated Reporter Training**

**The Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training course is available online. All clergy, employees, or volunteers who interact with children are required to attend. Mandated Reporter Training expires every 5 years. Please keep you login information for future trainings.**

- 1. Pa Family Support Alliance website: <https://pafsa.org/>**
  - a. Click on **"Trainings & Programs"** at the top of the page
  - b. Select **"Mandated Reporter Training"**
  - c. Scroll down the page until you see **"Upcoming Virtual Sessions at no cost"**
  - d. Look for **Virtual Sessions in (month), (click here)**
  - d. Select a date and time that works for you
  - e. Fill in all the required boxes marked with \* **(an asterisk)**
  - f. Select **"Register"**
  - g. You will receive an email with information and the Zoom link. The timeline varies with each instructor.
  - h. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.
  
- 2. University of Pittsburgh's website:**  
**<https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx>**
  - a. Fill out all required information (blue fields) to create an account.
  - b. Click **"Submit"** to create a username and password.
  - c. Login using your new credentials in the **"Welcome"** tab.
  - d. Complete the 3-hour (minimum) training course.
  - e. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.



**DIOCESE OF ALLENTOWN**  
**Child Protective Services Law Policy**  
**Acknowledgment Form**

I hereby acknowledge that I have received a copy of the Diocese of Allentown's Child Protective Service Law Policy.

I have reviewed the Child Protective Services Law Policy and understand its contents, and the process that I must complete if I have reasonable cause to suspect that a child has been subjected to child abuse or acts of child abuse.

I further understand that the Diocese of Allentown has issued the Child Protective Services Law Policy for informational or guidance purposes only and that the Diocese does not intend for the Policy to create a contract or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Child Protective Services Law Policy, and it reserves the right to amend or interpret the Policy as it deems appropriate in its sole discretion. A copy of this acknowledgment form shall be placed in my personnel or volunteer file.

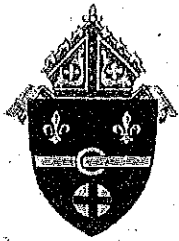
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Employee/Volunteer)

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
Location (Parish/School/Office)

\_\_\_\_\_  
City



# Child Protective Services Law

All persons (including volunteers) who come into contact with children at any time in the course of their work **are considered mandated reporters of child abuse** and are required by State Law to report to law enforcement authorities all cases of suspected child abuse.

Any person who willfully fails to report child abuse commits a crime and is subject to prosecution.

Persons having reasonable cause to suspect that a child has been subjected to child abuse, or acts of child abuse, shall report immediately to the following:

- If you suspect a child is in imminent danger from abuse,  
**PLEASE CALL 911 IMMEDIATELY.**
  - Please call the Child Abuse Hotline (24-hour): **1-800-932-0313**
  - Please also complete the CY 47 form available from the County Children & Youth Services. It is to be filed within 48 hours of your call. The form is available for completion online at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) or you may fax or mail the form to the appropriate Office of Children and Youth.
  - Please call the Appropriate Office of Children and Youth Services:

Berks	610-478-6700	Bucks	215-348-6950
Carbon	570-325-3644	Luzerne	570-826-8710
Lehigh	610-782-3064	Monroe	570-420-3590
Northampton	610-829-4690	New Jersey	877-652-2873
Schuylkill	570-628-1050	Montgomery	610-278-5800
  - The Pastor (or Board of Pastors of the Regional School )
  - The Principal of the school
  - Attorney Joseph A. Zator at 610-432-1900; please forward a copy of the CY-47 to Attorney Zator.
  - If abuse occurs in a school setting, there may be additional reporting requirements. Please see your Principal. If the suspected perpetrator is the Principal, then see your Pastor, or the Superintendent of Education for the Diocese.
- \*\*Please document who you spoke to and when**

Anyone making a report is immune from civil or criminal liability provided a report is made in good faith.

**The Diocese of Allentown urges any questions  
about the interpretation of the law be resolved in favor of reporting.**





**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538  
**Background Check Authorization Form**

Have you resided in the State of Pennsylvania for more than a year?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does position require interaction with children? Yes \_\_\_\_\_ No \_\_\_\_\_

UEID \_\_\_\_\_

Location Type:

☐ Parish

☐ School

☐ Both

Diocesan Position:

☐ Contractor

☐ Employee

☐ Priest

☐ Religious

☐ Teacher

☐ Volunteer

**PERSONAL INFORMATION - PLEASE PRINT**

Full Name \_\_\_\_\_

Last

First

Middle

☐ Female

☐ Male

Alias(es) \_\_\_\_\_

Last

First

Middle

Race \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mm dd yyyy

Social Security Number \_\_\_\_\_

Employees Only

Current Address: \_\_\_\_\_

Street Address

Apartment Number

City

State

Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Diocesan Location \_\_\_\_\_

Site Name (IE St. Joseph)

City (Bethlehem)

**ACKNOWLEDGEMENT SIGNATURE**

*I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with another Roman Catholic Diocese, as necessary.*

Signature

Date

\* Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.

\* Parish /School must retain a copy of this completed form in the employee/volunteer's file.



**pennsylvania**  
DEPARTMENT OF TRANSPORTATION

# REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Return ORIGINAL form to:

Patricia Unger  
Diocese of Allentown  
P. O. Box F  
Allentown, PA 18105

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- ☐ BASIC INFORMATION: \$12.00 FEE (Driver history is not included)  
☐ 3 YEAR DRIVER RECORD: \$12.00 FEE  
☐ 10 YEAR DRIVER RECORD: \$12.00 FEE (Employment Purposes Only)

- ☐ FULL HISTORY: \$12.00 FEE  
☐ CERTIFIED DRIVER RECORD: \$38.00 FEE  
☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$12.00 FEE  
☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$38.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at [www.dmv.pa.gov](http://www.dmv.pa.gov)

## A REQUESTER INFORMATION

NAME/COMPANY

**Diocese of Allentown**

ADDRESS *P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.*

**P. O Box F**

CITY

**Allentown**

STATE ZIP CODE

**PA 18102**

DAYTIME TELEPHONE NUMBER (REQUIRED) **(610) 871-5200**

RELATIONSHIP TO DRIVER (REQUIRED)

SIGNATURE **X**

NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD

## C DRIVER INFORMATION

NAME: LAST FIRST INITIAL

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATE OF BIRTH

DRIVER NUMBER

MONTH DAY YEAR

## E DRIVER RELEASE

I \_\_\_\_\_ hereby request

NAME OF DRIVER

the Department of Transportation to furnish a copy of my PA Driver's Record to \_\_\_\_\_

NAME OF PERSON/COMPANY

**X**

SIGNATURE OF DRIVER

DATE

## F MICROFILM

TYPE OF DOCUMENT

DATE OF VIOLATION

(see list of available documents below)

### Documents Available:

- Citations
- Court Certifications
- Applications
- License Renewals
- Judgments
- Suspension Credit Affidavits
- Ignition Interlock Removal Letter
- Suspension/Revocation Letters
- Restoration Letters
- Rescind Letters
- Department Hearing or Exam Notice

## B END USER OF INFORMATION BEING REQUESTED

NAME/COMPANY

ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence

CITY

STATE ZIP CODE

DAYTIME TELEPHONE NUMBER (REQUIRED)

RELATIONSHIP TO DRIVER (REQUIRED)

## D AFFIDAVIT OF INTENDED USE

Intended Use of the Information Requested: CHECK ONLY ONE

- ☐ **B = Driver Release** (Driver must complete Section E.)  
☐ **C = Credit Business** (Legitimate Business need in connection with a business transaction initiated by the driver.)  
☐ **C = Credit Potential Investor, Server or Current Insurer** (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)  
☐ **E = Employment** (To support the hiring or the continuation of employment. Driver must complete Section E.)  
☐ **R = Insurance Company** requesting record of person it intends to insure, now insures, or has rejected for insurance.  
☐ **K = Court Order** must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order --NOTE: Filed copy of certificate prerequisite MUST accompany subpoena).  
☐ **L = Attorney** representing driver identified in Section C (Driver must complete Section E.)

I hereby Certify that \_\_\_\_\_

PRINTED NAME OF REQUESTER

will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include punishment of a fine not exceeding \$2,500, or to a term of imprisonment of not more than one year, or both.

**X**

SIGNATURE OF REQUESTER

Title \_\_\_\_\_

SUBSCRIBED AND SWORN

TO BEFORE ME:

MONTH

DAY

YEAR

**X**

SIGNATURE OF PERSON ADMINISTERING OATH

**S  
E  
A  
L**

SIGN IN PRESENCE OF NOTARY

MESSENGER NO.

**INSTRUCTIONS**

1. To request your own record, complete Sections A & C only. Notarization is NOT required.
2. To request a record other than your own, complete Sections A, C, and D. Section E must contain the driver's signature if block B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting ONLY a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. If requesting a microfilm copy of a document, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$12.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."  
**DO NOT SEND CASH.** Attach your check or money order and send to:

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
P.O. BOX 68695  
HARRISBURG, PA 17106-8695

**For overnight and other special mail:**

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
1101 SOUTH FRONT STREET 3RD FLOOR  
HARRISBURG PA 17104-2516

**DESCRIPTION OF INFORMATION AVAILABLE**

**BASIC INFORMATION . . . .** Includes name, address, driver number, date of birth and class of license.

(\$12.00 fee)

**3 YEAR RECORD\* . . . . .** Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed.

(\$12.00 fee)

**10 YEAR RECORD\* . . . . .** Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only.

(\$12.00 fee)

**FULL HISTORY . . . . .** Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the complete history of the driver on file in Pennsylvania.

(\$12.00 fee)

**CERTIFIED RECORD . . . .** Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the complete history of the driver on file in Pennsylvania certified by the Department.

(\$38.00 fee)

**MICROFILM**

**DOCUMENT . . . . .** Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.

(\$12.00 fee)

**CERTIFIED COPY**

**OF DOCUMENT . . . . .** Copies of documents from the microfilm file that have been certified by the Department.

(\$38.00 fee)

**IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION**

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

Visit us at [www.dmv.pa.gov](http://www.dmv.pa.gov) or call us at: 717-412-5300 ♦ TDD: 711

\* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at [www.dmv.pa.gov](http://www.dmv.pa.gov) and click on "Online Business Services" for more information.






DIOCESE OF ALLENTOWN  
SECRETARIAT FOR CATHOLIC HEALTH, HUMAN SERVICES  
AND YOUTH PROTECTION  
Post Office Box F  
Allentown, Pennsylvania 18105-1538  
(610) 871-5200 ext. 2203  
Fax (610) 871-5211

M E M O R A N D U M

**TO:** Local Safe Environment Coordinators

**FROM:** Janice Woolley, Safe Environment Training and Audit Supervisor 

**CC:** Ms. Pamela Russo, Secretary for Catholic Health, Human Services and Youth Protection  
Mrs. Patricia Unger, Database Coordinator/Administrative Assistant

**DATE:** April 11, 2022

**SUBJECT:** Background Checks for Pre-K and Aftercare Programs

Recently, the Department of Health and Human Services (DHS) informed us that employees and volunteers of Pre-K and Aftercare Programs must have DHS fingerprints and a **National Sex Offender Register Verification** (NSOR). This new requirement for the NSOR is in addition to the PA Child Abuse, Criminal History and Fingerprint background checks.

As we have stated in previous training, K through 12 employees and volunteers are required to have Pennsylvania Department of Education (PDE) fingerprints. Pre-K, Aftercare and any parish-sponsored programs require DHS fingerprints. **The NSOR verification is specifically for Pre-K and Aftercare employees and volunteers.** The NSOR application is attached. There is **no cost** for this check.

**Who is required to obtain the NSOR verification?**

This national search and accompanying verification letter must be performed for any individuals volunteering or working for/as a regulated childcare provider and any unregulated relative childcare provider caring for children receiving subsidized childcare.

**Specifically, the following individuals must complete the NSOR verification certificate:**

- ☐ Regulated childcare providers - Any individual 18 years or older residing in the childcare facility is required to obtain the NSOR verification.
- ☐ Unregulated relative childcare providers - the individual(s) who provide the childcare are required to obtain the NSOR verification. Other individuals residing in the unregulated relative care provider, who are not providing the childcare, are not required to obtain the NSOR verification.
- ☐ All individuals working for Regulated Child Care Providers; and
- ☐ Any individual with an ownership interest (corporate or non-corporate) in a regulated childcare provider and who participates in the organization and management of the operation.
- ☐ Volunteers of a child day care provider, group day-care home or family child-care home

**How to submit the Application:**

Individuals will use one of the following three options for submitting the application for processing:

☐ Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services  
P O Box 8170 Harrisburg, PA 17105-8170; or

☐ Scan the completed application and email to:

[RA-PWNSOR@pa.gov](mailto:RA-PWNSOR@pa.gov) with "NSOR Verification (applicant's last name) (i.e., NSOR Verification Smith) on the subject line; or

☐ Hand deliver to the Clearance Verification unit lobby located at: 5 Magnolia Drive Harrisburg PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

**Verified Results** can be sent to:

Diocese of Allentown Safe Environment Office

PO Box F

Allentown, Pa.18105-1538

**Results will be entered into CMG Connect.**

**More information can be found by following the following link:**

<https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/National-Sex-Offender-Registry.aspx>

Zoom training for Local Safe Environment Coordinators will be conducted at the end of April. You will receive an invitation to the training. Two dates will be selected, so please make every effort to attend one of the training sessions.

If you have any questions about the NSOR verification, or background checks for Pre-K or Aftercare employees or volunteers, please contact me at 610-871-5200, ext. 2258.

Thank you for your continued commitment to safe environment.



## APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: [RA-PWNSOR@pa.gov](mailto:RA-PWNSOR@pa.gov) In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

### Purpose of the National Sex Offender Registry Verification (Check one box only)

- ☐ Individual 18 years or older residing in the facility where child care is occurring.
- ☐ Individual working for a Regulated Child Care Provider.
- ☐ Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- ☐ Volunteer of a child-care provider, group-daycare home or family child care home.

### Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number (XXX-XX-XXXX): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Daytime Phone Number (XXX-XXX-XXXX): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Include full street address, (Apt # or PO Box if applicable),

City, State and Zip Code

E-mail Address: \_\_\_\_\_

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_