



## **Cover Sheet for Diocesan Employee/Volunteer Clearances**

Ministry: School or Parish (circle one)

Employee or Volunteer (circle one)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Please initial one:

\_\_\_ I have attached receipts for clearance fees reimbursement.

\_\_\_ I have paid clearance fees and waive reimbursement.

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### **For School Use Only:**

Youth Protection Program

Date of Completion: \_\_\_\_\_

\_\_\_ Employee/Volunteer Application

\_\_\_ Code of Conduct

\_\_\_ Ministry Reference

\_\_\_ Workshop Completed

\_\_\_ Background Clearance Release (not needed if fingerprinting required)

PA Child Abuse Clearance (Act 151)

Date of Clearance: \_\_\_\_\_

PA Criminal History Clearance (Act 34)

Date of Clearance: \_\_\_\_\_

Arrest/Conviction Report & Certification (Act 24) Date Signed: \_\_\_\_\_

FBI Fingerprint Clearance (Act 114) – For employees & volunteers who have NOT lived in Pennsylvania for the past 10 consecutive years

Date of Clearance: \_\_\_\_\_

Mandated Reporter (Act 126/31) – For employees only

Date of Completion: \_\_\_\_\_

Clearance Fee Reimbursement – Date of Payment, if necessary: \_\_\_\_\_