



CONFIDENTIAL SCREENING FORM *

* This form must be completed by those who are applying for any position, paid or volunteer, with CEF OF EASTERN PA, INC.

PERSONAL INFORMATION

Name _____ Phone _____

Address _____

Date of Birth _____ Gender _____ Race _____

1. Have you at any time ever:

- Been arrested for any reason other than a minor traffic violation? Yes No
- Been convicted of, or pleaded no contest to, any crime? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "Yes," please explain in detail. _____

(Please attach additional pages if more space is needed.)

2. Were you a victim of abuse or molestation while a minor? Yes* No
(* Answering "Yes" to this question, will not automatically disqualify an applicant from working with us. You may, however, be asked to explain your answer in confidence with the State Director or your county director.)

3. Do you have a current driver's license? Yes No
IF "Yes," please print the state and your license number.

_____ State

_____ License Number

APPLICANT VERIFICATION AND RELEASE

I recognize that the organization to which this application is being submitted is relying on the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I agree to abide by all policies and procedures of the organization and to protect the health and safety of the children and youth at all times.

Printed Name _____

County where you serve with CEF OF EASTERN PA, INC. _____

Signature _____ Date _____

REFERENCES (Other than relatives)

1. CHURCH MEMBERSHIP

Church Name _____
Pastor _____
Address _____
City/State/Zip _____
Phone _____

2. CHURCHES you have attended regularly during the past five years.

Church Name _____
Pastor _____
Address _____
City/State/Zip _____
Phone _____

Church Name _____
Pastor _____
Address _____
City/State/Zip _____
Phone _____

3. INVOLVEMENT WITH CHILDREN OR YOUTH during the past five years.

Organization _____
Address _____
City/State/Zip _____
Phone _____

Organization _____
Address _____
City/State/Zip _____
Phone _____