



Franklin County Youth Aid Panel
425 Franklin Farm Lane
Chambersburg, PA 17202

Dora S. Housekeeper, MS, YAP Coordinator
Franklin County Juvenile Probation Department

Thank you for your interest in the youth of Franklin County and the Franklin County Youth Aid Panel Program. This program is a wonderful way to involve the community in juvenile justice while also giving youth a chance to repair the harm. In over 14 counties across the Commonwealth of Pennsylvania, concerned citizens like yourself are helping today's youth to grow and learn about themselves, their community, their offense, and their future.

State law requires that anyone working directly with children in any capacity must have criminal background and child abuse clearances. Below are links to websites where those clearances can be applied for. The child abuse clearance and PA State Police criminal background checks are free for volunteers. Please make sure that the YAP Coordinator gets a copy of your clearances when you receive them. For anyone who has lived in PA for over 10 years, the attached affidavit is acceptable in lieu of the FBI clearance. For those who have NOT lived in PA for 10 years or more, please complete the FBI clearance through IDEMIA (<https://www.identogo.com/>). Those fees will be reimbursed by juvenile probation after you serve on the panel for a period of time. Please let the Youth Aid Panel Coordinator know if you require any assistance in obtaining your required clearances.

Please return the completed panelist application (and any clearances) to:

Dora Housekeeper
Youth Aid Panel Coordinator
Franklin County Juvenile Probation
425 Franklin Farm Lane
Chambersburg, PA 17202

Or via email: dshousek@franklincountypa.gov

Once your application is received and processed, a training schedule will be developed. Training will be one-on-one or small groups depending on the number of applications received in a short time period. Training will be held at the Human Services Building.

Once again, thank you for your interest in helping the youth of our community. If you have any further questions or concerns, please feel free to call me at 261-3122, ext. 21217. I can also be reached via e-mail.

Links to clearance applications can be found here:

<http://keepkidssafe.pa.gov/resources/clearances/index.htm>



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APPLICATION FOR PANEL MEMBERSHIP

Name _____
Last First Middle

Address _____
Number & Street City State Zip Code

Phone No. _____ E-mail _____

Date of Birth ___ / ___ / _____ Sex _____ Race _____

How long have you lived in Pennsylvania? _____

Township/Borough of Residence _____

Present Occupation _____ Length of time with present employer? _____

Employer _____

Work Address _____ Phone No. (____) - ____ - _____

Education-Circle highest grade completed: High School Diploma/GED Technical or Trades School
Bachelor's Degree Master's Degree Doctorate Other: _____

What was your major area of study? _____

Do you hold any elected or public office? [____] Yes [____] No

If yes, what office?

Are you a police officer or retired police officer? [____] Yes [____] No If yes, what jurisdiction? _____

Please describe any previous volunteer experience: _____

Please describe those organizations to which you belong (Civic, Church, Social, Fraternal, etc.):

Please list your leisure time activities and interests: _____

Please describe those skills that you possess and those aspects of your personality that render you well-suited to perform as a candidate for the Youth Aid Panels: _____

Have you ever been arrested for or convicted of a crime? [] Yes [] No

If yes, please explain (a Yes answer does not automatically exclude you from being considered for the Youth Aid Panels).

Please list three references:

Name:

Address:

Phone:

1. _____

2. _____

3. _____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein. I further authorize the Pennsylvania Department of Welfare to conduct a Child Abuse History Clearance and the Pennsylvania State Police to conduct a Criminal Records check pursuant to Acts 33 and 34 of the Pennsylvania General Assembly.

Signature

Date



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YOUTH AID PANEL VOLUNTEER AFFIDAVIT

As a volunteer for the Franklin County Youth Aid Panel, I understand that it is my responsibility to inform my Coordinator if I have lived outside the Commonwealth of Pennsylvania within the last 10 years.

As a long term resident (more than 10 years), I further affirm that I have not been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state:

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing death of a child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- A felony offense under section 5902 (b) (relating to prostitution and related offenses)
- Section 5903 (c) or (d) (relating to obscene and or other sexual materials and performances)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)
- The attempt, solicitation, or conspiracy to commit any of the offenses set forth in this paragraph

My signature below denotes that I have read and understood the above list. I affirm that I have not been convicted of any of the offenses.

Volunteer Signature

Date

Volunteer Name (Printed)