

Keystone Fellowship Mission Trip Application

We have two exciting opportunities to come alongside dynamic local churches around the world. Please check the one you are interested in. I look forward to serving along side of you. If you have any questions, please feel free to contact me @ RSheely@keystonefellowship.com.

___ Guyana Mission Trip June 15-22

We are partnering with Bold Hope to assist a local pastor to plant a church in a nearby village. We hope to encourage the local church, do children & adult outreaches, prayer walking and work in the local schools. Application deadline is February 23rd. Cost \$1335 + airfare DO NOT USE this form for this trip, use link to apply - https://boldhope.org/mission-trips/keystone-fellowship-gy-061624-062224-f60c

____ Middle East Mission Trip November 1-10

We will be supporting the local church as they reach out to refugees in their community. We will deliver food, listen to their stories, share the stories of Jesus, teach their local staff, serve in a women's center, refugee school, medical clinic and do small building projects. Application deadline is July 28th. Cost \$2,300.

Trip Application Details

Please submit a trip application packet, including ALL of the following completed and signed documents:

- * Volunteer Application Form
- * Personal, Medical, and Emergency Contact Information
- * Assumption of Risk & Release Form
- * Code of Conduct Form
- * Background Check Forms

Important Note for Minors

* Anyone under 18 years old will need to submit a notarized approval for temporary guardianship. If you are under 18, please ask our trip coordinator about this.

To confirm your trip, please send your completed application, all related documents and \$50 check made out to Keystone Fellowship to:

Rob Sheely - Keystone Fellowship 506a Stump Road, Montgomeryville 18936

Personal Background

Why are you interested in going on this mission trip?
Please briefly share how you became a follower of Jesus and some thing about where you are currently on your spiritual journey?
Is there someone at Keystone who could be a reference for you?
Name
Email Phone
Name
Email Phone

experiences	
If you speak any foreign languages, which one (s)?	
Have you previously participated on a mission trip? Y N	
If so, please list approximate dates, locations and what you type o you did on them.	f work
ls there anything also we should know about you or questions you	

Is there anything else we should know about you or questions you have for us?

NAME		Application Date:	
Last Suffix	First		
Home Address:		Age:	
City/State/Zip:		Date of Birth:	
Home Telephone #:	Cell #:	Gender:	Female
		iviale	гентате
Email Address:		Marital Status:	
		Single	Married
Health Insurance Company:		Insurance Policy Num	nber:

If under the age of 18*:

Father/Guardian's Name:			Phone Number:
Last MI	First		
Address/City/State/Zip:			
Mother/Guardian's Name	: :		Phone Number:
Last	First	MI	

Address/City/State/Zip:	
*anyone under 18 MUST be accompanied by a parent or g	uardian
Medical and Emergency Conta	ct Information
N/a di aal lufa waasti a n	
Medical Information:	
Do you have any medical conditions we should be aware of	ot?
Do you currently take any medications that we need to be	aware of? Please list:
Do you have any (food, medicine, environmental, animal)	allergies? Please list:
Primary Physicians name and phone number:	
Information for Emergency Contact #1:	
Name:	

Phone:
Email:
Relationship:
Information for Emergency Contact #2 (if available):
Name:
Phone:
Email:
Relationship:
Relationship:

Assumption of Risk and Release of Liability, and Indemnity Agreement

ATTENTION: This form affects your legal rights; please read carefully.

In consideration of being allowed to volunteer and/or stay with Keystone Fellowship I, (Name) agree that: I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Keystone Fellowship and any and all of its volunteers, employees, board members, contractors, partners, donors, and associates due to any and all claims including the negligence of the group mentioned above, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in mission trip.

ASSUMPTION OF RISK: Participation in the mission trip carries with it certain significant, inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

The risks associated with the mission trip include, but are not limited to: loss of property, serious bodily injury, death, kidnapping, being held for ransom money, mental or emotional trauma, and contraction of possibly fatal pathologies.

The risks include, without limitation, living and working in dangerous circumstances, with limited access to medical care and proper sanitation, working with or around dangerous equipment, which may break, fail, malfunction, or otherwise cause injuries.

The risks include, without limitation, riding in or on vehicles (motorbikes, truck, car, modified school bus) or using transportation arranged by our Jordanian hosts.

I am mentally sound and physically capable of volunteering with Keystone Fellowship in foreign country.

I have made health and evacuation insurance arrangements and I recognize that Keystone Fellowship is not responsible for the costs of my health care or evacuation.

Project are run by volunteers, who may not have professional experience or professional grade assessment abilities. It is my responsibility to be continually assessing possible risks as well as my own ability to perform the tasks offered to me, and it is my responsibility to expressly communicate any and all limitations and concerns I hold, as well as risks I am aware of. I have been briefed of the risks, with the understanding that every eventuality cannot be foreseen and warned against.

I also agree to INDEMNIFY AND HOLD Keystone Fellowship HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement with Keystone Fellowship and to reimburse them for any such expenses incurred.

SEVERABILITY: I expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name (Print)
Signature:
Date:
IF YOUR ARE UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN THE ACKNOWLEDGEMENT ON YOUR BEHALF:
Name of Participant (print):
Name of Parent/Legal Guardian (print):
Signature of Parent/Legal Guardian:
Date:

Code of Conduct

As a member of a Keystone Fellowship team, you are expected to conduct yourself according the following set of rules:

- 1. Be on time and attend all team meetings.
- 2. You may never go anywhere without another team member. In certain instances, females must be accompanied by at least one male. Make sure a leader is aware of your whereabouts at all times.
- 3. No inappropriate physical contact among team members or with the nationals.
- 4. Dress must be appropriate at all times.
- 5. Possession or use of illegal drugs is forbidden.
- 6. Respect the local people and their culture at all times; often, we can offend deeply without having any intentions of doing so.
- 7. Do not make promises to the locals or workers on the field; this can lead to disappointment and bitterness. We are building trust and are developing relationships that could be hurt by broken promises or misperceptions.
- 8. Do not give locals any gifts without first asking Keystone leader or local staff leader.
- I, the undersigned, understand that trips like this can be difficult and agree to adhere to the Code of Conduct. I understand that if I am unable

expense.
Name:
Signature:
Date:
NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION/CONSENT FORM
I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews)—that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with Keystone Fellowship.
I understand that, if I am approved for volunteer service by Keystone Fellowship, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of Keystone Fellowship, such may be necessary. Background investigations expire after three years.
I also understand that Keystone Fellowship contracts with a private vendor to complete a Social Trace, National Criminal and Sex Offender Search, and National Sex Offender Registry Re-Check. Paperwork will also be completed by the volunteer for Pennsylvania State Police Search, Pennsylvania Child Abuse Registry Search, and submitted by Keystone Fellowship. In addition, if I have not been a continuous resident of the State of Pennsylvania for the past 10 years, I understand that I will also need to submit fingerprints for FBI screening.
I hereby release and discharge to the extent permitted by law, Keystone Fellowship, its employees, any individual or agency obtaining information for Keystone Fellowship, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.
I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of Keystone Fellowship.
By signing below, I,

to follow the rules I may be required to fly home early, at my own

AUTHORIZATION

		/_
Print Name (last, first, middle) phone #	Social Security Number	cell
Date of Birth (MM/DD/YYYY) Address	Drivers License Number & State issued	Email
Any other names I have been kno	wn by:	
Current Address:		
)	
Signature	Date	
past 10 years. (If you have not live opposite side of this form.)	at I have been a continuous resident of Pennsylvand in PA continuously for the last 10 years, please at I have not been convicted of a felony or sex of	e fill out the
Further information needed if FBI	fingerprinting is required:	
City of Birth:		
State of Birth:		
Race:		
Eye color:		
Hair color:		
HT:		
WT:		
Country of Citizenship:		
Phone Number:		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

· Zitito i Z					
	VIOUS NAMES USED SINCE 1975 (In			ith children	WOLL
First	Middle	Last		Suffix	
Prefession for the pertification re	sett(syitg:direct volunteer contact wit	children" may be obtaine	d free of charge once every 57 r	nonths.	
Send to CHILDLINE AND ABUSE RE	GISTRY, PA DEPARTMENT OF HUMA	N SERVICES, P.O. BOX 8	3170 HARRISBURG, PA 17105-	8170.	
APPLICATIONS THAT ARE INCOME	LETE, ILLEGIBLE OF RECEIMED WI 7-783-6211 OR (TOLL FREE) 1677-1	FHORFGTHERCORRECT F	EE WILL BE RETURNED UNP	ROCESSED.	
Agency Street Address: 307 E.					
ADEDCY CITY STATE ZID CODE	PURPOSE OF CERTIFICA	ION (Check one box	only)		
Agency City, State, Zip Code. Toster parent			ct volunteer contact with children		
Prospective adoptiv GONSEN	/RELEASE OF INFORMA	TION: ALLITHORIZ.	A∉EIO⊪Nn FORM ∨olunteer c	ontact with	chil-
Employee of children preprints p	ENNSYLVANIA CHILD AR	USE PERSONNERS PR	PURPER ATTON		
	1975 (Please list all addresses since			es if necess	arv.)
School employee not governed by			ce shelter and/or affiliate		3-7
Self-employed provider of child-car	e services in a family child-care home	Rape crisis cent	er and/or affiliate		
An indixidual 14 years of age or old	der applying for or holding a paid gram, activity, or serby, authorize th	Other Keystone	Fellowship church	to	
		PA Department of Hu	iman Sevices, ChildLine iman Services Employment & Tr	iO Dining Progr	am.
3 An individual seeking to provide ch	ild-care services under contract with a	participant (signature		airiing Frogra	am
child care facility or program	busa History Claarance inform	Variat	one Fellowship		
AT SALLINGTEN AS MARK REPORTED MARK	huse History Glearance informa	nion directly to (- Landing front Comments to Assess).	
Astronagencylorganization	representative, I understand t	nat, exceptive si	INDJE GEPRESANTE PIETT, Agency	OIM/CAO PHON	
Lersons who receive this wif	desides in the legisle certificher co	nfidentiality provisi	ons of the CPSL	al reporte)	
nd 55 Pa. Code Chapter 34	90 and are required to ensure	the confidentiality a	ind-security site hama for ind	ividuals with	
	ablehoreiviiahrestahananpen			ividuais with	an
A DAO triidd Print & ctions Scottling at	and and a second	mines for releasing in	Gièdate heareleachadan		
persons who are not perm	ntted access to this microrati				
AGENCY/ORGANIZATION NAME: this information in accordan	ce with these requirements.	PAYMENT AUTHORIZATION	N CODE, IF APPLICABLE:		
heavisone reviews hip) without my expressed	n/a authorization or purs	uant to Section 3490.126	of	
Consent/Release of Information Au	thorization form is attached. Applicant	nust fill in the "Other Addre	ess" sections. By completing the	other addres	ss
sections, you are agreeing that the	organization will have access to the st	atus and outcome of your o	ertification application.		
	HOUSEHOL	.D MEMBERS			
	(Please list everyone who lived with	you at any time since 19			
Please include	parent, guardian or the person(s) w	no raised you; attach add	itional pages as necessary.)		
				Broomt	
Name (Fir	rst, Middle, Last)		Relationship	Present Age	Gender
Name (Fi	☐ Male ☐ Female				Gender
1 aforementioned information w	Male Female	Parent Guar	dian person(s) who raised you	Age	
1 aforementioned information w	Male Female	Parent Guar	dian person(s) who raised you	Age	
1. aforementioned information w Disclosure of your Social Security num ing to employees having contact with	Male Female Not reported Ill not be released directly to ber is voluntary. It is sought under 23 P children: adoptive and foster parents).	Parent Guar	dian person(s) who raised you	s stated	4 (relat-
1. aforementioned information w Disclosure of your Social Security num ing to employees having contact with	Male Female Not reported Ill not be released directly to ber is voluntary. It is sought under 23 P children: adoptive and foster parents).	Parent Guar	dian person(s) who raised you	s stated	4 (relat-
1. aforementioned information w Disclosure of your Social Security num	Male Female Not reported III not be released directly to ber is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, assets as QN percentication in policy.	Parent Guar ne (Parent Guar a.C.S. \$5 6336(a)(1) (relating to informathe department, will use your factors and the department of the dep	dian person(s) who raised you at person(s) who raised you not to know matton in statewide dation relating to certified or licen our Social Security number to subject to the state of the security number to subject to the security number to subject to the security number to subject the security number the security number to subject the subject the security number to subje	s stated tabase), 634 sed child-ca search the scopy	4 (relat- re home tatewide
1. aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents), and 6344.2 (relating to yo 0 datases consylvant unstituted as	Male Female Not reported III not be released directly to ber is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, is step as QN percelling an in policy. MAILING	Parent Guar ne (Sparent Guar a.C.S. \$5 6336(a)(1) (relable 6344.1 (relating to informa The department will use y considering to informa ADDRESS	dian person(s) who raised you dian person(s) who raised you ng to knowmation in statewide da ation relating to certified or licen our Social Security number to s	s stated stabase), 634 sed child-ca search the s copy	4 (relat- re home tatewide
1aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents), and 6344.2 (relating to yo distributed by the social Security of the social Secur	Male Female Not reported III not be released directly to the series voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children as the series of	Parent Guar ne (Parent Guar a.C.S. \$5 6336(a)(1) (relating to informat The department will use y parent Guar ADDRESS n home address)	dian person(s) who raised you are to see the person of the	s stated tabase), 634 sed child-cal search the s copy	4 (relat- re home tatewide
1. aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents), and 6344.2 (relating to yo Habbase of Dayman in Sine you . HOME ADDRESS	Male Female Not reported III not be released directly to the series voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children as the series of	Parent Guar ne (Parent Guar a.C.S. \$5 6336(a)(1) (relating to informat The department will use y parent Guar ADDRESS n home address)	dian person(s) who raised you at the person	s stated tabase), 634 sed child-cal search the s copy	4 (relat- re home tatewide
1. aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents), and 6344.2 (relating to yo 0 datases consylvantian chird or 24 4. HOME ADDRESS ADDRESS LINE YIVAINIA CHIRD ADU 6.	Male Female Not reported iii not be released directly to ber is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, is substituted from the contact with children is substituted from the contact with the	Parent Guar ne (Sparent Guar a.C.S. \$5 6336(a)(1) (relable 6344.1 (relating to informa The department will use y cost of independent stand	dian person(s) who raised you are to know mation in statewide dation relating to certified or licently special security number to set that will not receive a security number to set that are the security number to security number to secure a security number to security	s stated stabase), 634 sed child-ca search the s copy sent/Releas form is atta	4 (relat- re home tatewide
1. aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents), and 6344.2 (relating to yo Habbase of Dayman in Sine you . HOME ADDRESS	Male Female Not reported iii not be released directly to ber is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, is substituted from the contact with children is substituted from the contact with the	Parent Guar ne (Sparent Guar a.C.S. \$5 6336(a)(1) (relable 6344.1 (relating to informa The department will use y cost of independent stand	dian person(s) who raised you are to know mation in statewide dation relating to certified or licently special security number to set that will not receive a security number to set that are the security number to security number to secure a security number to security	s stated stabase), 634 sed child-ca search the s copy sent/Releas form is atta	4 (relat- re home tatewide
1 aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents), and 6344.2. (relating to yo distance of Daylman in thir your 4. HOME ADDRESS ADDRESS LINE YIV	Male Female Not reported III not be released directly to the series voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, the series of percentical and interest to the series of t	Parent Guar ne (Sparent Guar a.C.S. \$5 6336(a)(1) (relable 6344.1 (relating to informa The department will use y cost of independent stand	dian person(s) who raised you are person(s) which are person(s) who raised you are person(s) who raised you are person(s) who raised you are person(s) which are person(s) are person(s) which are person(s) are perso	s stated stabase), 634 sed child-ca search the s copy sent/Releas form is atta	4 (relat- re home tatewide
1 aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents), and 6344.2 (relating to yo Hataase of Daylman and his order 4	Male Female Not reported III not be released directly to the series voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, the series of percentage with children the series of the	Parent Guar ne (Parent Guar a.C.S. \$5 5336(a)(1) (relating to information of Requesting Agency	dian person(s) who raised you are person(s) which raised you are person(s) are	s stated Itabase), 634 sed child-cal search the s copy Insent/Releas form is atta	4 (relat- re home tatewide se of ched)
1 aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents), and 6344.2 (relating to yo Hataase of Daylman and his order 4	Male Female Not reported III not be released directly to the series voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, the series of percentical and interest to the series of t	Parent Guar ne (Parent Guar a.C.S. \$5 5336(a)(1) (relating to information of Requesting Agency	dian person(s) who raised you are person(s) which raised you are person(s) are	s stated Itabase), 634 sed child-cal search the s copy Insent/Releas form is atta	4 (relat- re home tatewide se of ched)
1 aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents), and 6344.2 (relating to yo Hataase of Daylman and his order 4	Male Female Not reported III not be released directly to the series voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, the series of percentage with children the series of the	Parent Guar ne (Parent Guar a.C.S. \$5 5336(a)(1) (relating to information of Requesting Agency	dian person(s) who raised you are person(s) which raised you are person(s) are	s stated Itabase), 634 sed child-cal search the s copy Insent/Releas form is atta	4 (relat- re home tatewide se of ched)
1 aforementioned information we disclosure of your Social Security numing to employees having contact with residents, and 6344.2 (relating to your social security your security and security your security se	Male Female Not reported iii not be released directly to ber is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, is stell as QN pencilication in ancie MAILING (if different from ADDRESS LINE 2 Keyston story Certification from CITY e of Information Authorization for	Parent Guar ne (a.C.S. ss 6336(a)(1) (relation of the department will use y considered and of the department of the departme	dian person(s) who raised you are hard-mation in statewide da ation relating to certified or licen our social Security number to such a security and security and security number to such a security num	s stated tabase), 634 sed child-ca search the s copy nsent/Releas form is atta	4 (relat- re home tatewide se of ched)
aforementioned information we disclosure of your Social Security numing to employees having contact with residents, and 6344.2 (relating to your social security numing to employees having contact with residents, and 6344.2 (relating to your social security and 6344.2 (relating to your social security and 64.2 (relating to yo	Male Female Not reported III not be released directly to ber is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children; is sought female MAILING (if different from ADDRESS LINE 2 Keyston city e of Information Authorization for COUNTY mation and samifications row the	Parent Guar ne (dian person(s) who raised you are hard-mation in statewide day atton relating to certified or licen our social security number to security and security and security and security and security and security not	s stated tabase), 634 sed child-ca search the s copy nsent/Releas form is atta request. t. I further	4 (relat- re home tatewide se of ched)
aforementioned information we Disclosure of your Social Security numing to employees having contact with residents), and 6344.2 (relating to your social Security numing to employees having contact with residents), and 6344.2 (relating to your social Security and 6344.2 (relating to your social Security days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your days) days and 6344.	Male Female Not reported III not be released directly to ther is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, the start source for the source of the source	Parent Guar ne (dian person(s) who raised you are in person(s) who raised you have mation in statewade dation relating to certified or licen our social security number to security necessary and security number to securi	s stated tabase), 634 sed child-cal search the s copy nsent/Releas form is atta request. t. I further application correct und	4 (relat- re home tatewide se of ched)
aforementioned information we Disclosure of your Social Security numing to employees having contact with residents), and 6344.2 (relating to your social Security numing to employees having contact with residents), and 6344.2 (relating to your social Security and 6344.2 (relating to your social Security days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your social Security days) days and 6344.2 (relating to your days) days and 6344.	Male Female Not reported III not be released directly to ther is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, the start source for the source of the source	Parent Guar ne (dian person(s) who raised you are in person(s) who raised you have mation in statewade dation relating to certified or licen our social security number to security necessary and security number to securi	s stated tabase), 634 sed child-cal search the s copy nsent/Releas form is atta request. t. I further application correct und	4 (relat- re home tatewide se of ched)
aforementioned information we disclosure of your Social Security numing to employees having contact with residents, and 6344.2 (relating to your social security numing to employees having contact with residents, and 6344.2 (relating to your social security and 6344.2 (relating to your social security and 64.2 (relating to yo	Male Female Not reported III not be released directly to ther is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, the start source for the source of the source	Parent Guar ne (dian person(s) who raised you are in person(s) who raised you have mation in statewade dation relating to certified or licen our social security number to security necessary and security number to securi	s stated tabase), 634 sed child-cal search the s copy nsent/Releas form is atta request. t. I further application correct und	4 (relat- re home tatewide se of ched)
aforementioned information we Disclosure of your Social Security numing to employees having contact with residents, and 6344.2 (relating to your social security numing to employees having contact with residents, and 6344.2 (relating to your social security of all the social security of the security of	Male Female Not reported III not be released directly to the series voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children; is series sour percentage with children; is series source percent	Parent Guar ne (dian person(s) who raised you are to incomplete the person of the person	s stated tabase), 634 sed child-cal search the s copy nsent/Releas form is atta request. t. I further application correct und	4 (relat- re home tatewide se of ched)
aforementioned information we disclosure of your Social Security numing to employees having contact with residents, and 6344.2 (relating to your social security numing to employees having contact with residents), and 6344.2 (relating to your social security of the secur	Male Female Not reported iii not be released directly to ber is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, is steril as on percentile at an important of the country MAILING (if different from an applied of the country) CITY e of Information Authorization for COUNTY mation and samification provides accurate and complete to the best Pennsylvania Crimes Code). If I select a country seent. Further I understand that COUNTRY	Parent Guar ne (Parent Guar a.C.S. \$6336(a)(1) (relating to information of the department will use your properties of the color of the department will use your properties of the color	dian person(s) who raised you dian person(s) who raised you not be hard-mation in statewide date at the hard-mation in state at the hard-mation with the hard-mation in state at the hard-mation in stat	s stated tabase), 634 sed child-ca search the s copy request. t. I further application correct und ificate for abuse	4 (relat- re home tatewide se of ched)
aforementioned information we Disclosure of your Social Security numing to employees having contact with residents, and 6344.2 (relating to your social security numing to employees having contact with residents, and 6344.2 (relating to your social security of all the social security of the security of	Male Female Not reported III not be released directly to ber is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, is still signal female MAILING (if different from country) CITY e of Information Authorization for country mation and samifications of the best Pennsylvania Crimes Code). If I select ZIP/POSTAL CODE ISSENTED SIGNATURE COUNTRY t stating such information to be	Parent Guar ne (Parent Guar a.C.S. \$6336(a)(1) (relating to information of the department will use your properties of the color of the department will use your properties of the color	dian person(s) who raised you go to hard mation in statewide da ation relating to certified or licenour social security number to set that will not receive a other security number to set that will not receive a other security number to set that will not receive a other security number to set that will not receive a other security number to set that will not receive a other security not security and submitted as the security montgomery of the security of and submitted as true and that I can only use the cert always of a database for child country will not security of an interest of the security of th	s stated tabase), 634 sed child-ca search the s copy request. t. I further application correct und ificate for abuse	4 (relat- re home tatewide se of ched)
aforementioned information we disclosure of your Social Security numing to employees having contact with residents, and 6344.2 (relating to your social security numing to employees having contact with residents), and 6344.2 (relating to your social security of the secur	Male Female Not reported III not be released directly to ber is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, is stated as a contact with children is a country MAILING (if different from ADDRESS LINE 2 Keyston CITY e of Information Authorization for COUNTY mation and samtifications of the state of the stat	Parent Guar ne (Parent Guar a.C.S. \$6336(a)(1) (relating to information of the department will use your properties of the color of the department will use your properties of the color	dian person(s) who raised you are to person(s) who raised you not be person(s) who relating to certified or licen our social Security number to set that I will not receive a complete set that I request a complete set that I represent that I can only use the cert of that I can only use the cert of the country was a complete set that I can only use the cert of that I can only use the cert of the country was a complete set that I can only use the cert of the country was a countr	s stated tabase), 634 sed child-ca search the s copy request. t. I further application correct und ificate for abuse	4 (relat- re home tatewide se of ched)
aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents, and 6344.2. (relating to yo distributed by the second of the second	Male Female Not reported III not be released directly to ber is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children, is still signal female MAILING (if different from country) CITY e of Information Authorization for country mation and samifications of the best Pennsylvania Crimes Code). If I select ZIP/POSTAL CODE ISSENTED SIGNATURE COUNTRY t stating such information to be	Parent Guar ne (Parent Guar a.C.S. \$6336(a)(1) (relating to information of the department will use your properties of the color of the department will use your properties of the color	dian person(s) who raised you go to hard mation in statewide da ation relating to certified or licenour social security number to set that will not receive a other security number to set that will not receive a other security number to set that will not receive a other security number to set that will not receive a other security number to set that will not receive a other security not security and submitted as the security montgomery of the security of and submitted as true and that I can only use the cert always of a database for child country will not security of an interest of the security of th	s stated tabase), 634 sed child-ca search the s copy request. t. I further application correct und ificate for abuse	4 (relat- re home tatewide se of ched)
aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents, and 6344.2. (relating to yo distributed by the second of the second	Male Female	Parent Guar ne (Parent Guar a.C.S. \$ 6336(a)(1) (relable 6344.1) (relating to informathe department will use y parent Guar ADDRESS In home address) In home address) In home address In ho	dian person(s) who raised you are to person(s) who raised you not be person(s) who relating to certified or licen our social Security number to set that I will not receive a complete set that I request a complete set that I represent that I can only use the cert of that I can only use the cert of the country was a complete set that I can only use the cert of that I can only use the cert of the country was a complete set that I can only use the cert of the country was a countr	s stated tabase), 634 sed child-ca search the s copy request. t. I further application correct und ificate for abuse	4 (relat- re home tatewide se of ched)
aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents, and 6344.2 (relating to yo database of nay in a part of the social security and 6344.2 (relating to yo database of nay in a part of the social security and a part of the social security and a part of the social security have read this Consent/Releas county 10. Infirm that the above information i penalty of law (Section 4904 of the social security security section 4904 of the social security security section 4904 of the social security section 4904 of the social sect	Male Female Not reported Not reported III not be released directly to ber is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children is series source for the production of the produc	Parent Guar ne (Parent Guar a.C.S. \$ 6336(a)(1) (relable 6344.1) (relating to informa The department will use y constitution of the department of the dep	dian person(s) who raised you dian person(s) who raised you age to information in statewide dation relating to certified or licenour special security number to stand will not receive a configuration authorization which is the security number to stand a the security number to stand a the security number to stand a the security is a content of the security of the security of the security is a security in a security in a security in a security of the security o	s stated tabase), 634 sed child-ca search the s copy request. t. I further application correct und ificate for abuse	4 (relat- re home tatewide se of ched)
aforementioned information w Disclosure of your Social Security num ing to employees having contact with residents, and 6344.2. (relating to yo distributed by the second of the second	Male Female	Parent Guar ne (Parent Guar a.C.S. \$ 6336(a)(1) (relable 6344.1) (relating to informa The department will use y constitution of the department of the dep	dian person(s) who raised you are to person(s) who raised you not be person(s) who relating to certified or licen our social Security number to set that I will not receive a complete set that I request a complete set that I represent that I can only use the cert of that I can only use the cert of the country was a complete set that I can only use the cert of that I can only use the cert of the country was a complete set that I can only use the cert of the country was a countr	s stated tabase), 634 sed child-ca search the s copy request. t. I further application correct und ificate for abuse	4 (relat- re home tatewide se of ched)
aforementioned information we disclosure of your Social Security numing to employees having contact with residents, and 6344.2. (relating to your sidents), and 6344.2. (relating to your sidents). 5. HOME ADDRESS ADDRESS LINE 2 The ADD	Male Female	Parent Guar ne (Parent Guar a.C.S. \$6336(a)(1) (relation of the department will use your considered and series and ser	dian person(s) who raised you dian person(s) who raised you age to information in statewide dation relating to certified or licenour special security number to stand will not receive a configuration authorization which is the security number to stand a the security number to stand a the security number to stand a the security is a content of the security of the security of the security is a security in a security in a security in a security of the security o	s stated tabase), 634 sed child-ca search the s copy request. t. I further application correct und ificate for abuse	4 (relat- re home tatewide se of ched)
aforementioned information we disclosure of your Social Security numing to employees having contact with residents, and 6344.2. (relating to your sidents), and 6344.2. (relating to your sidents). 5. HOME ADDRESS ADDRESS LINE 2 The ADD	Male Female Not reported Not reported III not be released directly to ber is voluntary. It is sought under 23 P children; adoptive and foster parents), unteers having contact with children is series source for the production of the produc	Parent Guar ne (Parent Guar a.C.S. \$6336(a)(1) (relating to informathe department will use your action of the department will understand the department of t	dian person(s) who raised you dian person(s) who raised you age to information in statewide dation relating to certified or licenour special security number to stand will not receive a configuration authorization which is the security number to stand a the security number to stand a the security number to stand a the security is a content of the security of the security of the security is a security in a security in a security in a security of the security o	s stated tabase), 634 sed child-ca search the s copy request. t. I further application correct und ificate for abuse	4 (relat- re home tatewide se of ched)