

LCYIC Volunteer Application Instructions

Before you can enter the Youth Intervention Center as a volunteer, you must complete this packet and submit to a Criminal History background check, and a Child Abuse History Clearance. You must also get a FBI clearance if you have not lived in Pennsylvania for the last 10 consecutive years or if you have lived in Pennsylvania for 10 consecutive years you will need to sign an affidavit stating such. The following forms will give us as much information as you need to complete proper background checks. With that in mind, please be careful in filling out the forms and include **ALL** information as it is asked.

Name

When filling out the name field, make sure that you fill in your entire name. Do not use nicknames. If your birth name is William, do not put Bill or Billy. Enter any and all former names including aliases. If you were adopted, enter your birth name and your adopted name please include any and all former married names.

Signature of County Employee Witness

This signature is important. The County Employee Witness must also enter the date it was signed. The witness shall also print his/her name **legibly** beneath the witness' signature. This will most likely be signed after you return all the forms to the Youth Intervention Center.

PA Residency Form

If you have been a PA resident for the previous 10 consecutive years you can sign the PA Residency form. On the top half of the form complete # 2 and sign and date the bottom half, and you do **NOT** have to complete the FBI criminal History (saving you \$24.50), if you have not been a PA resident for 10 consecutive years then you need to sign the form on the top section # 1 stating this **AND** complete the FBI Criminal History Clearance (link given below).

PA Access to Criminal History, Child Abuse & FBI Criminal History Clearance

These can be completed online at:

PA Access to Criminal History - <https://epatch.state.pa.us/>

Child Abuse Clearance - <https://www.compass.state.pa.us/CWIS>

FBI Criminal History Clearance - www.identogo.com – Use Service Code **1KG6ZJ**

Complete step by step instruction packets for each of these can be downloaded separately from www.lcyic.com.

Completion of All Forms

When all forms are completed and ready for return to the Youth Intervention Center, please place all of the forms together and send it to:

Lancaster County Youth Intervention Center
Attn: Program Coordinator
235 Circle Ave.
Lancaster, Pa 17602

If you are part of a large group, please give the forms directly to your group leader to hand in all at once.

LCYIC Volunteer Application

Full Name: _____ Date: _____

Volunteer Program/Group Name: _____

Age: _____ Date of Birth: _____ Gender (*circle one*): M F

Address: _____

E-Mail Address: _____

Phone Number: _____

What are your hobbies, interests and special skills?

What are your previous volunteer experiences?

Why would you like to volunteer with the Lancaster County Youth Intervention Center?

What type of program commitment are you interested in? Check all that apply.

- Once a Month
 Once a Week
 Religious
 Clergy Visitation
 Educational
 Internship/Service Learning Hours
 Other (Please specify): _____

Please indicate your availability with an "X" in the appropriate boxes:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00am-12:00pm	<i>School</i>	<i>School</i>	<i>School</i>	<i>School</i>	<i>School</i>		
12:00pm-2:00pm	<i>School</i>	<i>School</i>	<i>School</i>	<i>School</i>	<i>School</i>		
3:30pm-4:30pm							
6:00pm-8:00pm							

Please list an emergency contact person:

Name: _____ Relation: _____
 Daytime Phone Number: _____ Evening Phone Number: _____



Lancaster County Youth Intervention Center



Liability Release Form

WHEREAS the undersigned has requested permission from Lancaster County Youth Intervention Center to enter areas of County of Lancaster property not open to the general public in order to participate in a Volunteer/Clergy Program at the Youth Intervention Center;

AND WHEREAS the undersigned is aware that by entering areas of Youth Intervention Center not open to the general public, that they subject themselves to possible bodily injury and life threatening situations that may result from the actions and activities of certain Youth Intervention Center residents; in that it is impossible at all times and places to see that the undersigned is sufficiently protected by employees of Youth Intervention Center from potentially dangerous actions and activities of such residents;

AND WHEREAS the undersigned recognizes that the Youth Intervention Center houses, at all times, some potentially dangerous residents;

NOW, THEREFORE for and in consideration of the permission granted to me by the County of Lancaster to enter areas of Youth Intervention Center not open to the general public and to participate in a Volunteer/Clergy Program of the Youth Intervention Center, I hereby release Lancaster County Youth Intervention Center, Lancaster, Pennsylvania, and their agents and employees of and from any and all claims, causes of actions, damages or demands that may arise from any bodily injury to my person inflicted by a resident at the Youth Intervention Center while I am present in areas of the Youth Intervention Center not open to the general public.

I have read and I understand the terms of this release and I sign it voluntarily and with full knowledge of its significance and legal meaning and effect.

Name: _____
(Please Print Full Name)

Signature: _____
(If under 18 must be signed by parent of legal guardian)

Date: _____

Witness Signature: _____

PA Residency

Please check the appropriate line

1. _____ I have not lived in PA for 10 years. **I understand that, in addition to obtaining a Pennsylvania State Police Criminal History Record and a Pennsylvania Department of Human Services Child Abuse History Clearance, I must obtain an FBI Criminal History Clearance (you do not need to complete the section on the bottom half of this page)**

Date moved to PA _____

Signature: _____ Date: _____

Printed Name: _____

2. _____ I have lived in PA for at least the past 10 consecutive years **(please also read and sign the section on the bottom half of this page)**

Date moved to PA _____

Signature: _____ Date: _____

Printed Name: _____

If you have lived in PA for the past 10 consecutive years or more, please read and sign the following:

I swear or affirm the following:

- i. I have not been convicted of *any* of the following offenses, or of an offense similar in nature to those listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth, at *any time* in the past:
 - a. Criminal homicide; aggravated assault; stalking; kidnapping; unlawful restraint; rape; statutory sexual assault; involuntary deviate sexual intercourse; sexual assault; aggravated indecent assault; indecent assault; indecent exposure; incest; concealing death of a child; endangering welfare of children; dealing in infant children; prostitution and related offenses; obscene and other sexual materials and performances; corruption of minors; sexual abuse of children; or the attempt, solicitation or conspiracy to commit any of the above offenses
- ii. I have not been convicted of a felony offense under Pennsylvania's Controlled Substance, Drug Device and Cosmetic Act committed at any time within the past five years.

I understand that I am required to obtain a Pennsylvania State Police Criminal History Record and a Pennsylvania Department of Human Services Child Abuse History Clearance.

Signature: _____ Date: _____

Printed Name: _____

Guidelines for Volunteers

Prior to Volunteering

1. All volunteers must have completed the Volunteer Application Packet and completed clearances and return them to the Program Coordinator.
2. Scheduled appointments should be kept, and promptness is a necessity due to the highly structured environment of the facility. Aim to get here early so that you can sign in, get through security and get back to the programming area to set up so you are ready to go as soon as the group arrives. If you are unable to come or will be late for any reason, please call (717) 299-7821 and let a Detention or Shelter Supervisor know why.
3. You must maintain a neat appearance. Dress relatively conservatively, but neatly. Very often, your physical appearance will help establish a good working relationship with the residents. Shorts, not above mid-thigh, are permitted during the summer months. Short shorts, see-through apparel, hooded sweatshirts, tank shirts, halter-tops, and tee shirts with inappropriate writings or logos are not permitted. Closed toe shoes must also be worn- no open toed sandals.
4. Do not bring anything into the institution for a resident, no matter how harmless or trivial it may seem at the time. Many things appear harmless but could also be considered as contraband for a particular reason. Contraband means anything that residents should not have, such as food, chewing gum, candy, cell phones, etc. If in doubt, ASK. It is advisable for you to adopt a policy of saying 'NO' to any request such as this. Items such as cigarettes, magazines, newspapers, books, etc. are NOT permitted to be brought into the facility by you. Mail may not be taken out of or brought into the facility for any resident.
5. INDIVIDUALS AND THEIR PROPERTY MAY BE SUBJECT TO SEARCH UPON ENTERING AND/OR LEAVING THE FACILITY, AS WELL AS WITHIN THE FACILITY. Refusal to submit to this search will result in an immediate termination of the visit, as well as jeopardize future access to the institution.
6. ALL individuals working with residents may be subjected to legal implications. Illegal acts, such as bringing in contraband, may result in criminal charges. All individuals are open to potential civil lawsuits, as well.
7. ALL VOLUNTEERS are responsible for signing in and out at the Security Desk, located at the right side of the lobby.
8. Nobody that is under the age of eighteen will be permitted into the facility unless prior arrangements have been made with the administration. All those who have been detained here before are prohibited from entering our facility unless otherwise approved by an administrator.
9. No individual will be allowed access to the institution if he or she appears to be under the influence of any drug or alcoholic beverages.
10. All keys, purses, wallets, cameras, personal items, and money etc., are not permitted within the facility, and may be secured in lockers provided in the lobby area. The Youth Intervention Center assumes no liability for any personal property. However, it is strongly urged that all visitors come to the Center with only the minimum number of items. ANY ITEMS LEFT IN THE YOUTH INTERVENTION CENTER LOCKERS, ON THE COAT RACKS, OR ELSEWHERE ARE LEFT AT THE VISITOR'S OWN RISK.
11. When coming in to conduct a program, bring only the necessities, i.e. Bible, a plastic pen, paper, etc. (*example: when bringing in a guitar, it may be in a case, but no extra strings*). If giving handouts, DO NOT use paper clips or staples. Musical instruments, food and beverage and other accessories of this nature must be pre-approved by the Program Coordinator or Chaplain before admittance.

While Volunteering

ALL VISITORS ARE REQUIRED TO FOLLOW ALL DIRECTIONS AND REQUESTS OF THE LANCASTER COUNTY YOUTH INTERVENTION CENTER STAFF WHILE ON THE YOUTH INTERVENTION CENTER PROPERTY. Failure to do so may result in a termination of visiting privileges and/or more serious consequences. This regulation is to be strictly observed, as it exists for the orderly operation of the facility and the safety of all visitors, residents, and staff.

1. When being escorted to and from the designated program area, stay close to your escort, stay together as a group, do not wander around. Stay alert to what is happening around you.
2. Schedules must be adhered to, both beginning and ending times. PROMPTNESS IS A NECESSITY. If a service starts late, regardless of the reason, does not mean it can run later than the time scheduled (*Detention Only*).
3. The Supervisor On-Duty is responsible for the facility, and you are expected to abide by his or her decisions. You may discuss issues with higher authorities later. Do not argue in front of the residents.
4. Do not do anything that would compromise the security of the facility. Any unusual situation or information received or overheard, which could threaten the security of the facility or may constitute danger to the residents or staff members, must be reported immediately.
5. No resident is permitted in any office or classroom unsupervised.
6. Role model appropriate behavior through your words and actions.
7. Do not assume everything a resident tells you is true. Occasionally residents will attempt to manipulate you into a compromising situation.
8. All information concerning the affairs of the facility and residents is confidential and can be released only by the Supervisory or Administrative Staff. Do not discuss the resident's charges, circumstances, or any other personal information with anyone outside of the institution.
9. Keep personal information to yourself. It is in your best interest not to share home addresses, phone numbers, etc., with residents.
10. All church programs must complete a Church Service Evaluation Form prior to leaving the facility. These forms are located at the Main Lobby Security desk.

Leaving the Facility

1. DO NOT TAKE ANYTHING OUT OF THE FACILITY FOR RESIDENTS, no matter how trivial or innocent it may seem at the time. For instance, letters must be mailed from the facility, not from outside of the facility.
2. REMEMBER: A visitation is a privilege, not a right, and may be revoked when the privilege is abused. The residents look forward to your visits. Do not disappoint them by acting in a foolish manner, whereby your visiting privileges may be revoked.

I, _____ agree to abide by the above guidelines while volunteering at the
(Printed Name)
Lancaster County Youth Intervention Center.

Volunteer's Signature

Program Coordinator's Signature

Lancaster County Youth Intervention Center

Volunteer PREA Acknowledgement

The County of Lancaster has zero tolerance toward all forms of sexual abuse and sexual harassment of all residents at the Lancaster County Youth Intervention Center. Residents of the Youth Intervention Center cannot give consent to engage in any sexual activity, regardless of age. Accordingly, it is the Youth Intervention Center's policy to ensure that any form of sexual activity between residents or between residents and staff, volunteers, or contract employees, regardless of consent, is strictly prohibited. Such conduct is subject to administrative disciplinary sanctions and may result in criminal prosecution.

Definitions: Sexual abuse includes sexually abusive contact, sexually abusive penetration, indecent exposure, voyeurism and sexual harassment.

- Sexually Abusive Contact: Touching without penetration of the genitalia, anus, groin, breast, inner thigh, or buttocks, either directly or through the clothing, of another person.
- Sexually Abusive Penetration: Contact between the penis and vagina or the penis and anus; contact between the mouth and the penis, vagina, or anus; or penetration of the anal or genital opening of another person by hand, finger, or other object.
- Indecent Exposure: The display by a person of his/her genitalia, buttocks, or breast in the presence of a resident.
- Voyeurism: An invasion of a resident's privacy by a person unrelated to official duties, such as watching a resident who is showering or undressing in his or her room or requiring a resident to expose himself or herself for reasons unrelated to official duties.
- Sexual Harassment: Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures or actions of a derogatory or offensive sexual nature by another individual.

Third Party Reporting: Third party reports of sexual abuse and sexual harassment can be made to the Supervisor On-Duty or the facility's Director, Drew Fredericks (717-299-7821, frederid@co.lancaster.pa.us) Third party reports can also be made to the following entities:

- Lancaster County Detectives or the Lancaster City Police;
- PrimeCare Medical staff;
- YWCA of Lancaster – 24-Hour Sexual Assault Hotline (717-392-7273).

I have reviewed the above guidelines and understand my reporting responsibilities. I have also viewed the National Institute of Corrections video "Keeping Our Kids Safe" which can be found here <https://www.youtube.com/watch?v=bH1J4M7QnYg> and have received the "PREA Brochure for Volunteers".

Volunteer's Printed Name

Volunteer's Signature

Date

Program Coordinator's Signature

Date