



# Cuddle My Kids

"Together we can change the world,  
step by step, day by day!"

## volunteer kit

*Step 1: Please complete the following:*

First Name	Last Name	
Address		
City	State	Zip Code
Phone Number	Cell Phone Number	
Email Address		

*Step 2: Please circle your answers to the following questions:*

Do you have a valid Driver's License, insurance and access to a car?	Yes	No
Do you have experience with children?	Yes	No
Do you have experience with cancer patients?	Yes	No

*Step 3: Please complete Interests and Availability section. See page 2 of Cuddle My Kids Volunteer Kit.*

*Step 4: Please complete References section. See page 3 of Cuddle My Kids Volunteer Kit.*

*Step 5: Please attach copy of Acts 34 & 151 Criminal Background Check (SP4-164) and Child Abuse Clearance (CY 113). See page 4 - 6 of Cuddle My Kids Volunteer Kit.*

*Step 6: Please submit your completed Cuddle My Kids Volunteer Kit*

Fax: **610-918-9757** Email: **CuddleMyKids@comcast.net**

Mail: **Cuddle My Kids** attn: Cathy Gabrielsen

Westtown Business Center 1560 McDaniel Drive West Chester, PA 19382

**Questions?** Please call 610-918-1440 or via email at [CuddleMyKids@comcast.net](mailto:CuddleMyKids@comcast.net)





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volunteer kit

*Step 4: Please complete References section below.*

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First Name

Last Name

---

Address

---

City

State

Zip Code

---

Phone Number

Cell Phone Number

---

Relationship

---

First Name

Last Name

---

Address

---

City

State

Zip Code

---

Phone Number

Cell Phone Number

---

Relationship

**Questions?** Please call 610-918-1440 or via email at [CuddleMyKids@comcast.net](mailto:CuddleMyKids@comcast.net)

# PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

**CHILDLINE USE ONLY**

DATE RECEIVED BY CHILDLINE

## SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME  STREET  CITY, STATE ZIP CODE	SOCIAL SECURITY NUMBER  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">AGE</td> <td style="width: 33%;">DATE OF BIRTH</td> <td style="width: 33%;">DAYTIME PHONE NO.</td> </tr> <tr> <td colspan="2">SEX  <input type="checkbox"/> M <input type="checkbox"/> F                 </td> <td>COUNTY YOU LIVE IN</td> </tr> </table>	AGE	DATE OF BIRTH	DAYTIME PHONE NO.	SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN
AGE	DATE OF BIRTH	DAYTIME PHONE NO.					
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN					

### PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)	(FIRST, MIDDLE, LAST)
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### PURPOSE OF CLEARANCE (Check ONE block ONLY)

<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> VOLUNTEERS - A copy of your PROCESSED "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).	<input type="checkbox"/> CWEP (Community Work Experience Program Participant)
<input type="checkbox"/> FOSTER CARE		
<input type="checkbox"/> ADOPTION		
<input type="checkbox"/> SCHOOL		

SIGNATURE OF CWEP \_\_\_\_\_ CWEP PHONE NO. \_\_\_\_\_

### PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1.
2.
3.
4.

### HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

## SECTION II RESULTS OF HISTORY CHECK

<input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.	<input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).
--	--

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER \_\_\_\_\_

DATE \_\_\_\_\_

VERIFIER'S SUPERVISOR \_\_\_\_\_

DATE \_\_\_\_\_

## VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

\_\_\_\_\_ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

## PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

## PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

## FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

\_\_\_\_\_  
VERIFIER\_\_\_\_\_  
DATE\_\_\_\_\_  
VERIFIER'S SUPERVISOR\_\_\_\_\_  
DATE

**PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY  
(LEAVE BLANK)**

**PART I: TO BE COMPLETED BY REQUESTER  
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)**

DATE OF REQUEST

**NOTE:** **TYPE OR PRINT LEGIBLY WITH INK**  
IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

**WARNING:** A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME			
ADDRESS			
CITY	STATE	ZIP	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

REQUESTER IDENTIFICATION **(ONLY CHECK ONE BLOCK)**

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA". THE FEE IS NONREFUNDABLE.

FEE EXEMPT/NONCRIMINAL JUSTICE AGENCY **\*\*\* DO NOT SEND CASH OR PERSONAL CHECK \*\*\***

NAME/SUBJECT OF RECORD CHECK (LAST)		(FIRST)	(MIDDLE)	
BIRTH DATE AND/OR ALIAS	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING)     ELDER CARE     CHILD CARE     SCHOOL DISTRICT  
 ADOPTION/FOSTER CARE  
 OTHER (SPECIFY)

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE-ENTIRE CRIMINAL HISTORY  
(AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

REQUESTER CHECKLIST

DID YOU ENTER THE FULL NAME, DOB, AND SOC?  
 DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?  
**\*\*\* DO NOT SEND CASH OR PERSONAL CHECK \*\*\***  
 DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?

AFTER COMPLETION MAIL TO

PENNSYLVANIA STATE POLICE  
 CENTRAL REPOSITORY - 164  
 1800 ELMERTON AVENUE  
 HARRISBURG, PA 17110-9758  
 717-783-9973  
 BUSINESS HOURS 8:15 am - 4:15 pm (Monday - Friday)

**PART II: CENTRAL REPOSITORY RESPONSE ONLY****\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\***

INFORMATION DISSEMINATED	INQUIRY DISSEMINATED BY	SID NUMBER
<input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED		
THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER:	CERTIFIED BY	
<input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE <input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME		
	(DIRECTOR, CENTRAL REPOSITORY)	

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.