



Volunteer/Employee Background Check Release Form (Ministry Application)

Thank you for your willingness to serve at Morning Star Fellowship! By law, Morning Star Fellowship is required to process various background checks on all staff and volunteers. Fingerprinting may be a required part of this process. If that is the case you will receive a registration ID number that you will need to bring with you to an official fingerprinting location. Please fill out this packet in its entirety and return to the ministry leader.

(Please fill out both sides completely including applicable signatures on the 2nd page):

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Maiden Name/Alias: _____ DOB: _____ month _____ day _____ year

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone No. _____ - _____ - _____

Social Security Number: _____ - _____ - _____ *(necessary to run background check)*

Sex: M F (Please Circle) Race: White Asian Black American Indian (Please Circle)

Email Address: _____

Ministry you are volunteering for: _____

-----*For Morning Star Fellowship use only*-----

Processed Date: _____ Expiration Date: _____

Please fill in the appropriate signatures on page 2.

PA Residency- Please Check and Sign the Appropriate Line

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a Criminal Background Investigation as required.

Please select and **sign either A or B** below.

If B is the applicable choice then you must read and sign Section C.

Either

A. ____ I **have not lived in PA for the past 10 consecutive years**. I understand that I must complete the FBI criminal history clearance. *(You do not need to complete section C.)*

Signature: _____ Date: _____
(if under 18 years of age parent must sign)

OR

B. ____ I **have** lived in PA during at least the entirety of the past 10 consecutive years.

(Please also read and sign section C)

Signature: _____ Date: _____
(if under 18 years of age parent must sign)

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

I affirm that I should not be disqualified from serving based on the conditions listed below:

- i. I am not named in the statewide database (pursuant to a DHS Child Abuse History Clearance) as the perpetrator of a founded report committed within the last five years.
- ii. I have not been convicted of an offense similar in nature to the crimes 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.
- iii. My PA State Police Criminal Background check or FBI check does not reveal a conviction for *any* of the following at *any* time in the past:
 - a. Relating to criminal homicide; relating to aggravated assault; relating to stalking; relating to kidnapping; relating to unlawful restraint; relating to rape; relating to statutory sexual assault; relating to involuntary deviate sexual intercourse; relating to sexual assault; relating to aggravated indecent assault; relating to indecent assault; relating to indecent exposure; relating to incest; relating to concealing a death of a child; relating to endangering welfare of children; relating to dealing in infant children; relating to prostitution and related offenses; relating to obscene and other sexual materials and performances; relating to corruption of minors; relating to sexual abuse of children; or the attempt, solicitation, or conspiracy to commit any of the offenses set forth in this paragraph.
- iv. My PA State Police Criminal Background check or FBI check does not reveal a conviction for a drug or drug-related felony in the past five years, including felony convictions under the Controlled Substance, Drug, Device and Cosmetic Act.

Signature: _____ Date: _____
(if under 18 years of age parent must sign)