



RENEWAL APPLICATION FORM *

* This form must be completed **annually** by those who are currently involved in any position, paid or volunteer, with CEF OF EASTERN PA, INC.

PERSONAL INFORMATION

Name _____ Phone _____

Address _____

Date of Birth _____ Gender _____ Race _____

1. In which programs are you currently involved? _____

2. Have you at any time ever

- Been arrested for any reason other than a minor traffic violation? Yes No
- Been convicted of, or pleaded no contest to, any crime? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "Yes," please explain in detail. _____

(Please attach additional pages if more space is needed.)

APPLICANT VERIFICATION AND RELEASE

I recognize that the organization to which this application is being submitted is relying on the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I agree to abide by all policies and procedures of the organization and to protect the health and safety of the children and youth at all times.

Printed Name _____

Signature _____ Date _____