Camp Hebron

There's no place quite like it!

Clearances Requirements & Consent Form

Most employees and volunteers at Camp Hebron will need to have clearances on file. Check the chart below to determine which clearances you will need for your employment or volunteer experience.

TYPE	AGE	PA Child Abuse History Clearance – Act 151	PA State Police Criminal Record Checks – Act 34	Federal (FBI) Criminal Background Check – Act 114
EMPLOYEE	Ages 14-17	No	Yes	No, if they have lived in PA for 10 years or more. Yes, if they have lived in PA less than 10 years.
	Ages 18+	Yes	Yes	Yes
Previously obtained clearances from current or former employers *ONLY* may be used. Must be <5 years since obtained. Volunteer clearances are NOT transferrable.				
VOLUNTEER	Ages 14-17	No	No	No
	Ages 18+	Yes	Yes	Yes
Previously obtained clearances (<5 years) for any purpose (employment or volunteer) may be used.				

Section 1

1. Have you obtained any of the clearances listed above within the last 5 years?

A. ___Yes→ Submit copies of your previously obtained clearances if they meet the above requirements. Complete Section 2 and sign the form.

B. ___No→ Complete Section 2 and sign the form.

2. If you will be **between ages 14 and 17 years old** when you begin your **employment** at Camp Hebron **AND** if you have **lived in Pennsylvania for the entirety of the last 10 years**, please, affirm and sign the following statement:

Do you and your parent or legal guardian affirm that you are not disqualified from service under the grounds for denying employment and have not been convicted of an offense similar in nature to those crimes under the law 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? *For more information see ACT 114.

If Yes, Sign to Affirm:_____/_____

EMPLOYEE Signature PARENT or LEGAL GUARDIAN Signature

Complete Section 2 and sign the form.

Section 2

Completion of this form allows Camp Hebron to process any clearances that may be required. Permission to do so is granted with your written consent and signature below. PRINT LEGIBLY.

Last Name _____First _____Middle_____

Address_____

City_____State_____Zip_____

Birth Date (MM/DD/YYYY) _____/_____/_____ Social Security # _____-_____-_____

Phone # (_____) _____ E-Mail Address _____

Name: _____

Signature: _____ Date: _____/_____/_____

For additional information ONLY:

Act 151 https://www.compass.state.pa.us/cwis/public/home

Act 34 https://epatch.state.pa.us/Home.jsp

*Act 114 https://unenroll.identogo.com