

Moraine Camplands Association, Inc.



281 Staff Road
Slippery Rock, PA 16057
Phone: (724) 794-6242
Fax: (724) 794-1492
Email: mcafo13@gmail.com

REQUEST FOR BACK GROUND CHECK STATE & NATIONAL

To insure safety at Moraine Camplands we request a back ground check

First Name: _____

Last Name: _____

Other Last Name: _____

Date of Birth: _____

Social Security Number: _____

Current Address: _____

Signature

Date

Print Name

Date

Witness

Date

****Your Cooperation is greatly appreciated by MCA****

*Lease Transfers shall not be completed until a proper back ground check is done at a fee of \$35.00 dollars per member is received and reviewed by and officer from MCA. **Motion:** Kingston/Nowacki Unanimous

AUTHORIZATION FOR BACKGROUND CHECK

MORAINÉ CAMPLANDS

In an effort to provide a safe and enjoyable atmosphere for Association Members I, the undersigned Association Member/Renter acknowledge that I understand the need for criminal background checks of Association Members/Renters. I agree to fully cooperate in such criminal background investigations and consent to any waivers or authorizations that may be necessary to obtain access to relevant information. I further do hereby release, hold harmless, and forever discharge Moraine Camplands and Association, and it's respective representatives, officers, agents, employees, successors, insurers, from any present or perspective claims of any kind arising or resulting from any alleged liability from conducting criminal investigations.

I HAVE READ THE ABOVE AND UNDERSTAND IT FULLY. I RECOGNIZE THAT I AM RELEASING, DISCHARGING, HOLDING HARMLESS MORAINÉ CAMPLANDS AND ASSOCIATION AND OTHERS FROM LIABILITY ASSOCIATED WITH ANY CRIMINAL BACKGROUND INVESTIGATION TO BE CONDUCTED WITH RESPECT TO ME AND MY CRIMINAL HISTORY.

Please Print: (First Name) (Middle Initial) (Last Name)

Please Print: (Full Address)

(City) (State) (Zip Code)

(Sex) (Date of Birth)

(Signature) (Lot Number) (Email Address)

If additional information is needed, please leave a phone number where we can reach you:

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
1-888-QUERYPA (1-888-783-7972)**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*

**TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>**

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758
DO NOT SEND CASH OR PERSONAL CHECK
CHECK ONE BLOCK
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$8.00, PAYABLE TO: “COMMONWEALTH OF PENNSYLVANIA” THE FEE IS NONREFUNDABLE
<input type="checkbox"/> NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$13.00, PAYABLE TO: “COMMONWEALTH OF PENNSYLVANIA” THE FEE IS NONREFUNDABLE
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

SUBJECT OF RECORD CHECK					
(FIRST)	(MIDDLE)	(LAST)			
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE	

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.

**FEES FOR REQUESTS - \$8.00. NOTARIZED FEE REQUESTS - \$13.00.
MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA **

REASON FOR REQUEST

◀◀◀◀◀CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

- INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$13.00 FOR REQUEST)
- ADOPTION (DOMESTIC) EMPLOYMENT VISA OTHER

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

<input type="checkbox"/> Foster parent <input type="checkbox"/> Prospective adoptive parent <input type="checkbox"/> Employee of child care services <input type="checkbox"/> School employee governed by the Public School Code <input type="checkbox"/> School employee not governed by the Public School Code <input type="checkbox"/> Self-employed provider of child-care services in a family child-care home <input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee <input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program <input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent, licensed child-care home, family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year	<input type="checkbox"/> Volunteer having contact with children If purpose is volunteer having contact with children, choose SUB PURPOSE: <input type="checkbox"/> Big Brother/Big Sister and/or affiliate <input type="checkbox"/> Domestic violence shelter and/or affiliate <input type="checkbox"/> Rape crisis center and/or affiliate <input type="checkbox"/> Other: _____ <input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">OIM/CAO PHONE NUMBER</div> </div>
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AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)

First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS

(Please list everyone who lived with you at any time since 1975 to present.
Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)

Name (First, Middle, Last)	Relationship	Present Age	Gender
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I affirm 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). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SUFFICIENT PAYMENT INFORMATION RECEIVED

YES NO

VALID PAYMENT AUTHORIZATION CODE

WAIVED (supervisor initials) _____

CERTIFICATION ID #