

YOUTH AID PANELS OF BUCKS COUNTY

APPLICATION FOR MEMBERSHIP

Name

First Middle Last (Maiden)

Date of Birth _____ Last 4 of Soc _____

Cell (____) _____ email _____

Mailing and Physical Address _____
Number Street

City State Zip Code

How long have you lived at your present address _____
months years

Previous address _____ (If needed,
attach a separate sheet listing all addresses within the past five (5) years not listed here and the
respective dates.)

Single _____ Married _____ Widowed _____ Separated _____ Divorced _____

Ages and Sex of Children _____

Present Occupation _____ How long _____

Present Employer _____
Name Address Telephone

Education – Circle highest grade completed 4 5 6 7 8 9 10 11 12

College 1 2 3 4 Graduate 1 2 3 4 Other _____

What was your major area of study _____

Do you hold any elective or appointed public office Yes _____ No _____ If yes, what office
and for how long _____

Are you a candidate for political or public office Yes _____ No _____ If yes, what office

Are you a police officer Yes _____ No _____

Previous volunteer experience:

Activities and interests:

Major organizations to which you belong: (civic, church, social, fraternal, etc.)

Describe skills that you possess and those aspects of your personality which, you feel, render you well suited to perform this volunteer service.

Have you ever been convicted of a crime? Yes _____ No _____ If YES, please explain (A “yes” answer does not automatically exclude you from consideration.)

Please list two references, complete with full name, address and telephone number

Date: _____

Applicant's Signature*

****My signature on this application constitutes my authorization to obtain any information available pursuant to the Criminal History Record Information Act, and Pennsylvania Department of Public Welfare Child Abuse Clearance. I understand that if I am invited to join a youth aid panel, my criminal history and child abuse clearances will be reviewed periodically, as required by law.****