



Philadelphia
Yearly Meeting *of the Religious Society of Friends*

Criminal and Sexual Offense Investigation Consent
 for PYM Youth Programs and at PYM-sponsored events

Philadelphia Yearly Meeting is committed to creating and maintaining an environment in which every person is safe and free from fear. To do our best to ensure such safety, PYM must conduct a background investigation with particular attention to possible child abuse and/or criminal convictions of all people who work with children in a supervisory position or who may take children off the program site or provide care overnight. For this reason we must require youth and child care workers in such a position to complete the following and **MAIL (not email or fax) it back to us**. The mailing address is on the back of this form.

I, _____, hereby authorize Philadelphia Yearly Meeting and/or its agents to make an independent investigation of my references, character, criminal or police records, child abuse history and state motor vehicle records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications for employment, volunteer or otherwise, now, and if applicable, during my tenure as a youth or child care worker with Philadelphia Yearly Meeting.

I release Philadelphia Yearly Meeting and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above-referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

_____ Full name (printed)

_____ Maiden name or other names used

_____ Present Street Address _____ Dates lived there

_____ City/State/Zip

_____ Previous Street Address _____ Dates lived there

_____ City/State/Zip

Please use the back to list other previous addresses in the last 5 years

_____ Date of Birth _____ Social Security Number _____ Driver's License Number _____ State of License

_____ Signature _____ Date

Please list all addresses within the last five years not already listed on the front:

Previous Street Address

Dates lived there

City/State/Zip

Previous Street Address

Dates lived there

City/State/Zip

Previous Street Address

Dates lived there

City/State/Zip

Previous Street Address

Dates lived there

City/State/Zip

Mail (do not fax or email) completed form to:

Please return this form to:

**Middle School Friends
Philadelphia Yearly Meeting
1515 Cherry Street
Philadelphia, PA 19102**

Along with the "Criminal and Sexual Offense
Investigation Consent" form signed by the applicant