

**BERKS COUNTY**  
**COMMUNITY YOUTH AID PANEL**  
**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Phone No: ( ) \_\_\_\_\_ - \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ How long have you lived at your present address? \_\_\_\_\_

Borough or Township of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ How long? \_\_\_\_\_

Work address: \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

College - (1) (2) (3) (4) What was your major area of study? \_\_\_\_\_

Do you hold any elected or appointed public office? [\_\_\_\_\_] Yes [\_\_\_\_\_] No

If yes, what office? \_\_\_\_\_

Are you a candidate for political or public office? [\_\_\_\_\_] Yes [\_\_\_\_\_] No

For what office are you a public or political candidate? \_\_\_\_\_

Are you a police officer? [\_\_\_\_\_] Yes [\_\_\_\_\_] No If yes, what jurisdiction \_\_\_\_\_

Please describe any previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe those organizations to which you belong: (Civic, Church, Social, Fraternal, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe those skills that you possess and those aspects of your personality that render you well suited to perform as a candidate for the Community Youth Aid Panel Program.

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Have you ever been arrested for or convicted of a crime?  Yes  No

Have you ever been the subject of a child abuse report or investigation?  Yes  No

Have you ever had a Protection From Abuse (PFA) order filed against you?  Yes  No

If yes to any of the above, please explain. (A yes answer does not automatically exclude you from being considered for the Community Youth Aid Panel Program.)

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How did you learn of the Community Youth Aid Panel Program?

Radio  TV  Friend  Newspaper  Other \_\_\_\_\_

Please list three references:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for volunteer service as may be necessary for arriving at an acceptance decision.

I agree to allow the County of Berks, its managers and/or authorized personnel, to contact any references I have listed on my volunteer application. I also agree to submit to a Criminal Background Check and a Child Abuse Clearance.

I understand if accepted into the program, I will abide by all rules and regulations of the County of Berks and the Community Youth Aid Panel Program.

\_\_\_\_\_  
Applicant's Signature/Date

**Return to:**  
**Laurie Hague, Deputy Chief Juvenile Probation Officer**  
**Berks County Juvenile Probation Office - Service Center Building**  
**633 Court Street 10<sup>th</sup> Floor Reading, PA 19601**