 New Joy BIC Church

 35 New Joy Drive

 Ephrata, PA 17522

 (717) 733-2864 - Office

New Joy Volunteer Affidavit

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

 **Section** **I — PA** **Residency**

I affirm that I have NOT lived outside the state of Pennsylvania during the last 10 years.

 **Section** **II** **-** **Personal** **Data**

 Current Address:

 Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_

 **Section III — New Joy Safety Procedure (Check the box if you agree)**

 I understand that the safety of our children and students is a priority at New Joy. Any
 investigation involving child abuse in which a New Joy volunteer might be named a
 perpetrator, will result in the volunteer being moved into a non-serving status pending
 completion of the county’s investigation.

 The information I have given in this document is correct and complete to the best of my

 knowledge. I have agreed that false information or significant omissions may disqualify me

 from further consideration for service and may be considered justification for dismissal if

 discovered at a later date.

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

*9.30.19*