 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*