

COLUMBIA COUNTY  
COMMUNITY YOUTH AID PANEL  
APPLICATION FOR MEMBERSHIP

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

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone No: (      ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

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 have any special skills or training? \_\_\_\_\_  
\_\_\_\_\_

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

Any U.S. Military Service: \_\_\_\_\_ Rank & length of service \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn of the Community Youth Aid Panel Program?  
[  ] Civic or Social Meeting [  ] 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 Columbia County, its managers and/or authorized personnel, to contact any references I have listed on my volunteer application.
- I agree to submit to a Criminal Background Check which can be found at:  
<https://epatch.state.pa.us/Home.jsp>
- I agree to submit a Child Abuse Clearance which can be found at:  
<https://www.compass.state.pa.us/cwis/public/home>
- I understand if accepted into the program, I will abide by all rules and regulations of Columbia County and the Community Youth Aid Panel Program.

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

Return To: Columbia County Juvenile Probation  
Gary O'Neal, Juvenile Probation Officer  
26 West First Street, PO Box 380  
Bloomsburg, PA 17815