



16. Are you a police officer? ( ) Y ( ) N

If yes, what jurisdiction? \_\_\_\_\_

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

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

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

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20. Have you ever been arrested or convicted of a crime? ( ) Y ( ) N

21. Have you ever been the subject of a child abuse report or investigation?  
( ) Y ( ) N

22. Have you ever had a Protection From Abuse (PFA) order filed against you?  
( ) Y ( ) N

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

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23. How did you learn of the Youth Aid Panel Program? \_\_\_\_\_

24. 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 acceptable decision.

I agree to allow the Luzerne County District Attorney's Office to contact any references I have listed on my volunteer application. I also agree to a Criminal Background Check, Child Abuse Clearance and if required, the FBI Fingerprint Clearance.

I understand if accepted into the program, I will abide by all rules and regulations of the Luzerne County District Attorney's Office and its Youth Aid Panel Program.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to:**

**Luzerne County District Attorney's Office  
C/O Kristen Zearfoss  
200 North River Street  
Wilkes-Barre, PA 18711**