

LUZERNE COUNTY DISTRICT ATTORNEY'S OFFICE
YOUTH AID PANEL
Application for Membership

1. Name _____
 Last First Middle

2. Address _____
 Number & Street City State Zip Code

3. Phone No: (____) _____ - _____ Social Security # _____

4. Date of Birth ____/____/____

5. Email Address: _____

6. How long have you lived at the present address? _____

7. Borough, City or Twp of Residence: _____

8. What school district do you reside in? _____

9. Employer: _____

10. Present Occupation: _____ How Long? _____

11. Work Address: _____

Phone No: (____) _____

12. Education: Circle Highest grade completed: (4) (5) (7) (8) (9) (10) (11) (12)
(GED)

College: (1) (2) (3) (4) (Post-Grad).

What was your major area of study? _____

13. Do you hold any elected or appointed public office? (____)Y (____)N

If yes, what office? _____

14. Are you a candidate for political office? (____) Y (____) N

15. For what office are you a public or political candidate? _____

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

If yes, what jurisdiction? _____

17. Please describe any previous volunteer experience: _____

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

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:

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).

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 Anne Frey
200 North River Street
Wilkes-Barre, PA 18711**