



Philadelphia Yearly Meeting *of the Religious Society of Friends*

Volunteering as a FRIENDLY PRESENCE

Thank you so much for your interest in being a volunteer for PYM's youth programs. Thanks to you and other Friends like you, we are able to plan and carry out wonderful events that create opportunities for our youth to explore their ideas, feelings and understandings of themselves and our constantly-changing world. These programs are especially effective in supporting the personal and spiritual journeys of youth because they take place in the context of a safe, Quaker community of peers. Ensuring this sense of safety is our highest priority, and thanks to your generous volunteering, we have been able to maintain it.

Who can be a Friendly Presence? For weekend gatherings with Middle School Friends, you must be at least 16 years old. For gatherings with Young Friends, you must be at least 21 (a Friendly *Adult* Presence). You must be known by a Quaker community or a community similar to PYM for a minimum of six months. Reference checks will be repeated every 5 years for continuing volunteers.

Criminal Background Checks: Our insurance carrier requires that we do criminal background checks on **all** staff and Friendly Adult Presences involved in overnight programs. We do the criminal background check online. We pay the charge! Once you are cleared you are ready to be a Friendly Adult Presence at any Young Friends or Middle school Friends gathering.

Here is how it is done: fill out and (where necessary) sign:

- "PYM Youth Programs Friendly Presence Reference Request"
- "PYM Youth Programs Quaker / Community Connection Verification"
- "Criminal and Sexual Offense Investigation Consent."

Mail all three forms to the Coordinator of your program of interest (it needs to be mailed or delivered in person because we need an original signature on the consent form. Faxing will not do!). We will then complete the clearance checks. The results will be kept confidential – only those who need to see the information will have access.

In order for you to be covered by the Yearly Meeting's liability insurance while chaperoning for any PYM Youth Programs event (and in particular on the occasion that you carry children in your automobile on Yearly Meeting business) we need to give the following information to our insurance carrier. We will keep this on file so it won't need to be redone unless you change cars or insurance companies – please keep us updated!

What does being covered by the Yearly Meeting liability insurance mean to you? *As we understand it*, if a person is injured at a Yearly Meeting sponsored event and sues the Yearly Meeting, the staff and the volunteers, then the Yearly Meeting liability insurance would pay the claim awarded by a court or from a settlement. This would also apply on the occasion that you carry youth in your automobile "on Yearly Meeting business." Your auto insurance would be the first coverage with the Yearly Meeting insurance assuming liability beyond your insurance. It does not apply when you are carpooling to and from Yearly Meeting events. It is also not primary health and accident coverage.

Thank you for serving as a Friendly Adult Presence! Your service enables these programs to happen - We couldn't do them without you!

If you have any questions please feel free to contact the Coordinator of your youth program of interest:

Children's Religious Life Program Coordinator: bcamp@pym.org, 215-241-7228

Middle School Friends Program Coordinator: sdotson@pym.org, 215-241-7171

Young Friends Program Coordinator: ccaldwell@pym.org, 215-241-7222



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PYM Youth Programs Friendly Presence Reference Request

RETURN TO: Youth Programs, Philadelphia Yearly Meeting, 1515 Cherry Street, Philadelphia, PA 19102

Your name: _____ Date of Birth ____ / ____ / ____
 Address _____ City _____
 State _____ ZIP Code _____ Email: _____ **Are you vegetarian or Vegan?** _____
 Phone: (____) _____ Work Phone: (____) _____ Sex: _____
Allergies: *Particularly food Allergies* _____

Please provide the name and contact information for three references, preferably including at least one who has direct experience of your work with children, and at least one who is a professional or institutional reference, rather than a personal one. Family members cannot be used as references.

Reference 1: _____ **Organization:** _____
 Address: _____ City: _____
 State _____ ZIP Code _____ Phone: (____) _____ Email: _____

Reference 2: _____ **Organization:** _____
 Address: _____ City: _____
 State _____ ZIP Code _____ Phone: (____) _____ Email: _____

Reference 3: _____ **Organization:** _____
 Address: _____ City: _____
 State _____ ZIP Code _____ Phone: (____) _____ Email: _____

AUTOMOBILE INSURANCE INFORMATION:

Drivers License # _____ State _____
 License Plate # _____ State _____
 Make _____ Model _____
 Name of automobile owner: _____
 Auto Insurance Company: _____
 Auto policy number: _____



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PYM Youth Programs Quaker/Community Connection Verification

All Friendly Presences or volunteer youth workers must be familiar to the PYM community, another Quaker community (school, camp, etc.) or a community similar to PYM for at least six months prior to the event at which they serve. Best is attendance or membership at a PYM Monthly Meeting! Whatever the connection, it must be verified with the clerk or community leadership. Please provide the name and contact information for the clerk or an individual in leadership in this community:

Monthly Meeting or Community name: _____

Length of time involved in Monthly Meeting or community: _____

Name of clerk or individual in leadership: _____

Phone number: _____ E-Mail: _____

Criminal Record

Have you ever been convicted of a criminal offense? YES NO

If yes, please list and describe the conviction:



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Criminal and Sexual Offense Investigation Consent

This is requested by: <input type="checkbox"/> Monthly Meeting _____ <input type="checkbox"/> Quarterly Meeting _____ <input type="checkbox"/> Philadelphia Yearly Meeting Youth Programs	Youth Programs Philadelphia Yearly Meeting 1515 Cherry Street Philadelphia, PA 19102
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Philadelphia Yearly Meeting is committed to creating and maintaining an environment in which every person is safe and free from fear. To do our best to ensure such safety, PYM must conduct a background investigation with particular attention to possible child abuse and/or criminal convictions of all people who work with children in a supervisory position or who may take children off the program site or provide care overnight. For this reason we must require youth and child care workers in such a position to complete the following and **MAIL (not email or fax) it back to us**. The mailing address is on the back of this form.

I, _____, hereby authorize Philadelphia Yearly Meeting and/or its agents to make an independent investigation of my references, character, criminal or police records, child abuse history and state motor vehicle records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications for employment, volunteer or otherwise, now, and if applicable, during my tenure as a youth or child care worker with Philadelphia Yearly Meeting. I understand that Philadelphia Yearly Meeting will keep a copy of the report in its locked files.

I release Philadelphia Yearly Meeting and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above-referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

_____ Full legal name (printed)

_____ Maiden name or other names used

_____ Present Street Address _____ Dates lived there

_____ City/State/Zip

_____ Previous Street Address _____ Dates lived there

_____ City/State/Zip

Please use the back to list other previous addresses in the last 5 years

_____ Date of Birth _____ Social Security Number _____ Driver's License Number _____ State of License

_____ Signature _____ Date

Please list all addresses within the last five years not already listed on the front:

Previous Street Address

Dates lived there

City/State/Zip

Previous Street Address

Dates lived there

City/State/Zip

Previous Street Address

Dates lived there

City/State/Zip

Previous Street Address

Dates lived there

City/State/Zip

Previous Street Address

Dates lived there

City/State/Zip

Please **mail** (do not fax or email) or deliver the completed forms to:

Youth Programs
Philadelphia Yearly Meeting
1515 Cherry Street
Philadelphia, PA 19102