

Community Service Instructions

Community Service Worker (CSW) volunteers who are court ordered must adhere to the following prior to being interviewed for possible acceptance into our CSW program:

Community Service workers 18 years of age and older must complete:

- Impact Thrift's CSW Volunteer Application
- Volunteer Release Form
- PA Request for Criminal Record Check (print p. 2,3,4 OR obtain forms at Impact Thrift store near you)
- and fax them TO **fax #: 267-217-7268**, attention: Volunteer Coordinator.
- **INCLUDE A COPY OF COURT PAPERWORK THAT SPECIFIES OFFENSE AND # OF HOURS, OR A COPY OF YOUR COURT DOCKET, THAT INCLUDES YOUR OFFENSE OR REASON YOU ARE ASSIGNED CS HOURS PLUS NAME, FAX & PHONE # OF COURT CONTACT**

APPLICATION, RELEASE FORM, PA RECORD FORM MUST BE FILLED IN COMPLETELY.

APPLICATIONS WITHOUT COMPLETE INFORMATION, OR WITHOUT OFFENSE LISTED ON COURT PAPERWORK WILL NOT BE PROCESSED.

Youth Aid Panel or CSWs under 18 years should be reminded THAT A PARENT OR LEGAL GUARDIAN MUST ACCOMPANY THEM EACH TIME THEY VOLUNTEER.

If qualified for our CSW program, applicants will be contacted by email to interview at the Donation Processing Center (address below) or store near them, if qualified for our CSW program. Store managers will be copied on that email. After interviews, managers will determine if applicant is scheduled or not.

If you have questions, please email: volunteer@impactthrift.org

Please let us know at which Impact Thrift location you may wish to volunteer. YOU MAY DELIVER YOUR COMPLETED PAPERWORK TO THE STORE NEAR YOU – THEY WILL FAX IT TO OUR OFFICES FOR PROCESSING.

The PA Record Check will take 3 weeks. We will contact you by email when it is received back from the State.

Volunteer Coordinator

Impact Thrift Stores

201 Progress Drive

Montgomeryville, PA 18936

phone: [267.387.0030](tel:267.387.0030) x3065 fax: [267.217.7268](tel:267.217.7268)

www.impactthrift.org

Goods for a Greater Good

VOLUNTEER PROGRAM APPLIED FOR MANDATORY COMMUNITY SERVICE **(attach court docket to completed application before returning)**

1. PERSONAL INFORMATION

Today's DATE: _____

Name _____ Birthday ____/____/____ Age _____ **If under 18 parent must accompany minor to volunteer**

Address _____ Town _____ State ____ Zip _____

Telephone _____ Email _____ **PRINT CLEARLY**

Emergency Contact Name _____ Emergency Contact Telephone _____

2. Court Ordered Community Service — All information in this section MUST be completed:

Municipality _____ Court Address _____ Telephone _____

Parole Officer/Court Contact _____ P.O. FAX # _____

★ Hours required: _____ Court paperwork is attached? YES **DO NOT APPLY UNLESS COURT PAPERS ARE ATTACHED.**

Docket or form stating offense, or proof of ARD program, Name of PO, court phone # & FAX # must be provided or NO CSW hours will be granted by Impact Thrift. If you are in an ARD program please attach proof.

3. AVAILABILITY

I'm generally available to volunteer on (check all that apply) Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays
 Mornings Afternoons Evenings Flexible

4. Do you require any accommodations to perform certain types of work? _____

5.

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		
Address	Start Date	End Date
Phone Number:	Supervisor:	
Job Duties:		

6. VOLUNTEER EXPERIENCE

Organization
Address/Location
Phone Number:
Supervisor:
Job Duties:

Organization
Address/Location
Phone Number:
Supervisor:
Job Duties:

7. Personal References: Name - _____ Phone _____

Name - _____ Phone _____

I certify and acknowledge that the information given on this application is accurate and true to the best of my knowledge & I seek a volunteer opportunity to fulfill court ordered community service. I acknowledge that I seek to volunteer without contemplation of pay.

SIGNATURE: _____ **EMAIL Print clearly :** _____

VOLUNTEERS MUST COMPLETE THE ATTACHED PA STATE POLICE CRIMINAL RECORD CHECK FORM. An Impact Thrift staff member will run the clearance and contact you by email if eligible. COMMUNITY SERVICE WORKERS MUST ALSO SIGN IMPACT THRIFT'S VOLUNTEER RELEASE AND ATTACH COURT DOCKET OR PAPERWORK THAT LISTS OFFENSE & # OF CS HOURS REQUIRED.

FAX (1) APPLICATION; (2) VOLUNTEER RELEASE; (3) Record Check Form, AND (4) COURT PAPERWORK TO 267-217-7268. OR RETURN TO IMPACT THRIFT STORE NEAR YOU: INCLUDE YOUR EMAIL ADDRESS. YOU WILL BE NOTIFIED BY EMAIL (could take 3 weeks for state to return record) TO REPORT FOR INTERVIEW IF YOU QUALIFY FOR OUR CSW PROGRAM. (There is no fee to process PA State Police Request for Criminal Record Check Form for volunteers. This PA record check form (page 4) MUST be completed and returned with your volunteer application.)

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
VOLUNTEER ONLY**

1-888-QUERYPA (1-888-783-7972)

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – RCPU 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758

REQUESTER NAME	VOLUNTEER COORDINATOR - IMPACT THRIFT STORES
ADDRESS	201 PROGRESS DRIVE
CITY/STATE/ ZIP CODE	MONTGOMERYVILLE, PA 18936
TELEPHONE NO. (AREA CODE)	267-387-0030

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEPHONE NUMBER		

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.

By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$8 fee is being waived because of my status as an unpaid volunteer.

REQUESTER SIGNATURE (*Signature required for processing*)	DATE
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WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.