



Pennsylvania DeMolay

2022

DeMolay Needs You!

You already know about DeMolay. We need your help. We need you to become a registered advisor.

Why a ***registered*** advisor? Because our advisors are trained. Our advisors know best practices. Our advisors protect our youth members. Our advisors are protected. Our advisors represent the best in serving youth.

How can you serve? We need local chapter advisors, and we need advisors to serve regionally and state-wide. We need chapter advisory council chairs to program directors to volunteer drivers to chaperones. We need you.

Who Can Volunteer?

We need adults of good character, age 21 and up, who can set a good example for our youth members.

- Advisors must pass the background check required by DeMolay International and by Pennsylvania law.
- We would like to hear from:
 - Parents, guardians, grandparents, and caregivers of youth members;
 - Senior DeMolays;
 - Master Masons and members of Masonic appendant bodies including women's masonic organizations;
 - Lodge and other organizations' representatives to the Pennsylvania Masonic Youth Foundation, liaisons to the local DeMolay chapter, and members of similar youth service committees; and
 - Other adults interested in youth leadership and development.
- Please help spread the word!

Where Can You Volunteer?

Advisors are needed by local chapters. The chapters are located across the state. Click on the Pennsylvania DeMolay [webpage](#) for a list of DeMolay chapters. Chapters need advisors to work directly with youth, to serve on the advisory council, to chaperone activities, to drive members to events, to help with fundraising, and even to help with snacks and meals at meetings.

Advisors are needed by the jurisdiction of Pennsylvania. Do you have a skill or talent that can support our programs? Check out the programs listed on the bottom half of the Pennsylvania DeMolay Leadership [webpage](#). Each program needs committee members to help.

Step by Step: Becoming an Advisor

Talk to the local chapter advisory council chair or chapter advisor. They can fill you in on the chapter's needs, when and where the chapter meets, and answer any questions you have about the chapter.

If there is no chapter in your community, and for the jurisdictional level, talk to your regional Deputy Executive Officer as listed on the Pennsylvania DeMolay leadership [webpage](#) to discuss how and where you might become involved.


For other questions if you get lost in this process, or if you lose your eScribe password, [contact](#) Executive Secretary David W. Berry. More on eScribe coming in the next couple of slides!

Step 1

Complete the advisor application on DeMolay eScribe at <http://escribe.demolay.org/signup-advisor>.

If you are a Senior DeMolay, former Advisor, or an Honorary Legion of Honor recipient you likely already have a profile on eScribe. If you do not know your password, [contact](#) Dave Berry.

DO NOT pay the membership fee at any point in the online application process! The Pennsylvania DeMolay office will review the application and coordinate that.



Welcome to eScribe. If you are a potential Advisor that does **NOT** have an eScribe account, meaning that you are not a Senior DeMolay, former Advisor, or an Honorary Legion of Honor recipient, please sign up for an account to begin the process to become an Advisor.
If you already have an eScribe account, [click here](#).

If you are a Senior DeMolay, former Advisor, or an Honorary Legion of Honor recipient and do not know how to login to eScribe, please use the Login Recovery Tool.
Please note that if you already have an eScribe account and you sign up for a new one, your current record may be deleted.

***Chapter Jurisdiction**
Jurisdiction

***Chapter**
Chapter

Prefix ***First Name** **Middle Name** ***Last Name** **Preferred Name** **Suffix**
Prefix First Middle Last Preferred Suffix

***Birthdate** ***Email**
Select Date mlqarden@verizon.net

***Phone** ***Create Password** ***Confirm Password**
Phone Confirm Password

***Street Address** **Street Address 2**
Street Address Street Address 2

***City** ***State/International** ***Zip** ***Country**
City State Zip United States

Continue >>

Fill-out Application
Pending

Payment

EO Approval

Advisor Training

Background Check

Complete

2023 New Advisor Application

Pennsylvania At Large (39999)

Submit Application

Save Application

Back to Registration

Section 1 - Personal Information

Full Name as it appears on Driver's License:

*First Name

LAURA

Middle Name

Middle

*Last Name

Suffix

Suffix

*Advisor Year

2023

*Advisor Jurisdiction

Pennsylvania (39000)

*Primary Advisor Organization

Pennsylvania At Large

DeMolay ID

Online Trained

NO

Trained Date

0000-00-00

*Birthday

October

25

1983

*Street Address

88 Brooklane Court

Street Address 2

Street Address 2

*City

Elizabethtown

*State/International

Pennsylvania

*Zip

17022

*Country

United States

*Primary Phone

17178896405

Alternate Phone

Alternate Phone

*Primary Email



Alternate Email

Alternate Email

I hereby grant to DeMolay the privilege of communicating to me via email and grant permission to include me in bulk emails, recognizing that I have the ability to unsubscribe at any time should I desire to do so.



DeMolay International Background Screening Process

 An email has been sent to 

Success! Email sent!

Please refer to the email from in order to complete your application.

The email may take a couple minutes to arrive. Be sure to check your junk or spam folder. If you don't receive the email soon, you may request a new invitation [here](#)

If you are having technical or completion issues please click [HERE](#).

Fill-out Application <i>Pending</i>	Payment	EO Approval	Adviser Training (717) 512-2367	Background Check	Complete
*Reference 3 Name	*Reference 3 Relationship		*Reference 3 Phone	*Reference 3 Email	

2023 New Advisor Application

- Pennsylvania At Large (39999)

Submit Application | Save Application | Back to Registration

Section 5 - Advisor Organizations

Please check the Organizations below that you wish to be an Advisor. *NOTE: Your Primary Organization selected above is checked by default.*
Please uncheck any blank chapter boxes.

--Select Position--	<input type="checkbox"/> Allentown	--Select Position--	<input type="checkbox"/> Chester Pike
--Select Position--	<input type="checkbox"/> Crusade	--Select Position--	<input type="checkbox"/> Elizabethtown
--Select Position--	<input type="checkbox"/> Erie	--Select Position--	<input type="checkbox"/> Friendship - Bray
--Select Position--	<input type="checkbox"/> George Washington	--Select Position--	<input type="checkbox"/> Lincoln
--Select Position--	<input type="checkbox"/> Lorraine	--Select Position--	<input type="checkbox"/> Northeast
--Select Position--	<input checked="" type="checkbox"/> Pennsylvania At Large	--Select Position--	<input type="checkbox"/> Pilgrim
--Select Position--	<input type="checkbox"/> Reading	--Select Position--	<input type="checkbox"/> Riverside
--Select Position--	<input type="checkbox"/> Steel City	--Select Position--	<input type="checkbox"/> Susquehanna
--Select Position--	<input type="checkbox"/> Westmoreland	--Select Position--	<input type="checkbox"/> Gettysburg Manor
--Select Position--	<input type="checkbox"/> H. Wesley Baker	--Select Position--	<input type="checkbox"/> Infinity Manor
--Select Position--	<input type="checkbox"/> King Arthur Manor of the Order of Squires	--Select Position--	<input type="checkbox"/> Liberty Manor

Step 1
DI Background
Screening
Process



DeMolay International Background Screening Process

Just the Basics!

Please complete the section below using your **full legal name** in order to proceed with your application.

* First Name

* Middle Name

if you do not have a middle name please use NMN

* Last Name

* Address

* City

* Country



DeMolay International Background Screening Process

 Your information has been verified. Please continue with the application. 

Thank you for registering! This platform, powered by Validity Screening Solutions, is designed to present you with necessary Notices and Disclosures and to secure your Authorization to conduct a background check, should it be requested.

Please follow these three easy steps to complete the application process:

1. Click **Start**.
2. Fill in all required fields and move through the application with the **Next** button located at the bottom of each page.
3. Click **End Session** after reaching a page that says *Thank you for your submission!*

If at any point you need to stop, you may utilize the last link sent to your email to regain access to your current application. If the link has expired, choose the option to email yourself a new link.

Should you have any questions during this process, you can reach us at 866.915.0792 or by email at clientservices@validityscreening.com.

[Start](#)

If you are having technical or completion issues please click [HERE](#).

 Chat with us

Type here to search

41°F Cloudy

10:58 AM
1/26/2023

Step 2

From eScribe, complete the background check application. This is required by DeMolay International. Part of this process includes attaching the SambaSafety PA Driver's Form. Again, **DO NOT** submit payment for this. The Pennsylvania DeMolay Executive Officer will approve the application and the office will submit payment.

The SambaSafety form is found at [PA DL503 07-01-19-1-1.pdf \(sambasafety.com\)](#). Use SambaSafety Account Number S1537.

SECTIONS

- :: Instructions**
- :: International Residence
- :: Uploads
- :: Review

Instructions

- If you have a Driver's License from Pennsylvania, you must download this **FORM**. Complete Section C and sign in Section E. Upload the completed form in the section titled "Document Upload".
- If you have a Driver's License from Washington State, you must download this **FORM**. Complete the bottom section only with signature. Upload the completed form in the section titled "Document Upload".



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

SambaSafety Account Number (Required):

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

- CHECK (✓) ONE ONLY:
- BASIC INFORMATION: **\$11.00 FEE** (Driver history is **not** included)
 - 3 YEAR DRIVER RECORD: **\$11.00 FEE**
 - 10 YEAR DRIVER RECORD: **\$11.00 FEE** (Employment Purposes Only)
 - FULL HISTORY: **\$11.00 FEE**
 - CERTIFIED DRIVER RECORD: **\$36.00 FEE**
 - COPY OF DOCUMENT FROM FILE (MICROFILM): **\$11.00 FEE**
 - CERTIFIED COPY OF DOCUMENT FROM FILE: **\$36.00 FEE**

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

<p>A REQUESTER INFORMATION</p> <p>NAME/COMPANY SambaSafety</p> <p>ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 11040 White Rock Road Suite 200</p> <p>CITY STATE ZIP CODE Rancho Cordova CA 95670</p> <p>DAYTIME TELEPHONE NUMBER (REQUIRED) 800.766.6877</p> <p>RELATIONSHIP TO DRIVER (REQUIRED) Vendor</p> <p>SIGNATURE X</p> <p>NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD</p>	<p>B END USER OF INFORMATION BEING REQUESTED</p> <p>NAME/COMPANY</p> <p>ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence</p> <p>CITY STATE ZIP CODE</p> <p>DAYTIME TELEPHONE NUMBER (REQUIRED)</p> <p>RELATIONSHIP TO DRIVER (REQUIRED) Employer</p>
<p>C DRIVER INFORMATION</p> <p>NAME: LAST FIRST INITIAL</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE ZIP CODE</p> <p>PHONE NUMBER</p> <p>DATE OF BIRTH DRIVER NUMBER</p> <p>MONTH DAY YEAR</p>	<p>D AFFIDAVIT OF INTENDED USE</p> <p>Intended Use of the Information Requested: CHECK ONLY ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input checked="" type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.) <p>I hereby Certify that _____ PRINTED NAME OF REQUESTER</p> <p>will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.</p> <p>X _____ SIGNATURE OF REQUESTER</p> <p>Title Records Supervisor</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR</p> <p>X _____ SIGNATURE OF PERSON ADMINISTERING OATH</p> <p style="text-align: center;">SIGN IN PRESENCE OF NOTARY</p>
<p>E DRIVER RELEASE</p> <p>I _____ hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to SambaSafety</p> <p>NAME OF DRIVER NAME OF PERSON/COMPANY</p> <p>X _____ SIGNATURE OF DRIVER DATE</p>	<p>F MICROFILM</p> <p>TYPE OF DOCUMENT DATE OF VIOLATION</p> <p><small>(see list of available documents below)</small></p> <p>Documents Available:</p> <ul style="list-style-type: none"> <li style="width: 50%;">• Citations <li style="width: 50%;">• Ignition Interlock Removal Letter <li style="width: 50%;">• Court Certifications <li style="width: 50%;">• Suspension/Revocation Letters <li style="width: 50%;">• Applications <li style="width: 50%;">• Restoration Letters <li style="width: 50%;">• License Renewals <li style="width: 50%;">• Rescind Letters <li style="width: 50%;">• Judgments <li style="width: 50%;">• Department Hearing or Exam Notice <li style="width: 50%;">• Suspension Credit Affidavits
<p>MESSANGER NO.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">NOTARIZATION</p>

Instructions for Mike

- Print SAMBA
- SIGN
- SCAN SAMBA form and save to your computer
- Upload the signed form



DeMolay International Background Screening Process

Background Process successfully updated.

[Home](#) | [My Account](#) | [Logout](#)

SECTIONS

- :: [Instructions](#)
- :: [International Residence](#)
- :: **[Uploads](#)**
- :: [Review](#)

Document Upload

The following documents are on file:

Document on File	Uploaded	Actions
Adobe_Scan_Jan_26__2023.pdf	January 26, 2023 10:19 AM CST	

It is only necessary to upload documents if you completed a form for Pennsylvania or Washington state. You may click on "Next" to move on to the following section if this does not apply to you. For drivers in Pennsylvania and Washington state, please follow these instructions: Click on "Choose File", then select the file you want to upload. Click "Open" and then "Save". Your file has successfully uploaded and saved if you see it appear underneath "Document on File" above. If you have any difficulties, please email your form to orders@validityscreening.com, or fax it to 866.793.8472. For additional help, please call Validity Screening Solutions at 866.256.0624.

(Note: File must be smaller than 2 MB in size.)

 No file chosen



DeMolay International Background Screening Process

Background Process successfully updated.

[Home](#) | [My Account](#) | [Logout](#)

Thank you for your submission.

If you wish to retrieve any of your documentation once this session has concluded, you will need log back into the system using the credentials you were provided at the beginning of this process.

Should you wish to change your username, password or both, you will need to click the MY ACCOUNT link below and select new credentials.

[My Account](#)

[End Session](#)

Validity Screening Solutions
866.915.0792
clientservices@validityscreening.com

 Chat with us

If you are having technical or completion issues please click [HERE](#).

DeMolay International Background Screening Process

Background Process successfully updated. 

Disclosure Regarding Background Investigation

DeMolay International ("the Organization") may obtain information about you from a third party consumer reporting agency for Organization purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Validity Screening Solutions, PO Box 25406, Overland Park, KS 66225-5406, 866.915.0792, www.validityscreening.com. The scope of this disclosure is all-encompassing, however, allowing the Organization to obtain from any outside organization all manner of consumer reports throughout the course of your volunteering to the extent permitted by law.

Please use your mouse to sign here (required for processing this background process):



Sign on line

at with us

Use here to search

11:22 AM

Acknowledge and Authorization

The screenshot shows a web browser window with the URL <https://www.ejobapp-validityscreening.com/applications/14216300/authorization>. The page features the DeMolay International logo at the top left. Below the logo is a red header with the text "DeMolay International Background Screening Process". A green notification bar indicates "Background Process successfully updated." Below this is a red header with the text "Acknowledgement and Authorization". The main content area contains a paragraph of text: "I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Organization at any time after receipt of this authorization and throughout my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Validity Screening Solutions, PO Box 25406, Overland Park, KS 66225-5406, 866.915.0792, www.validityscreening.com, another outside organization acting on behalf of the Organization, and/or the Organization itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original." Below the text is a dashed line and the instruction "Please use your mouse to sign here (required for processing this background process):". At the bottom left of the page is a green "Chat with us" button. The browser's taskbar at the bottom shows the Windows logo, a search bar, and various application icons. The system tray on the right shows the date and time as 11:24 AM on 1/26/2023, along with weather and network icons.

DEMOLOY
INTERNATIONAL

DeMolay International Background Screening Process

Background Process successfully updated.

Acknowledgement and Authorization

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Organization at any time after receipt of this authorization and throughout my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Validity Screening Solutions, PO Box 25406, Overland Park, KS 66225-5406, 866.915.0792, www.validityscreening.com, another outside organization acting on behalf of the Organization, and/or the Organization itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Please use your mouse to sign here (required for processing this background process):

Chat with us

Type here to search

41°F Cloudy 11:24 AM 1/26/2023

Another Acknowledge and Auth (w ssn)

Mail - x | Comp - x | PA_Re - x | D eScrib - x | b Comp - x | ETD A - x | ProQu - x | The - x | N Two F - x | More - x | Yoga F - x | Yoga C - x | mad li - x | +

https://www.ejobapp-validityscreening.com/applications/14216300/pii

DEMOLAY
INTERNATIONAL

DeMolay International Background Screening Process

Background Process successfully updated.

Acknowledgement and Authorization

Date of Birth - -

The EEOC states for the purpose of pre-employment inquiries, under the Age Discrimination in Employment Act of 1967, Section 1625.5, "A request on the part of an employer for information such as *Date of Birth* or *age* on an employment application form is not, in itself, a violation of the Act."

Social Security Number - -

Confirm Social Security Number - -

Driver's License Check this box if you do **not** have a driver's license.

State

Number

Chat with us

Type here to search | Market Brief | 11:25 AM 1/26/2023

Thankyou for your submission

The screenshot shows a web browser window with the URL <https://www.ejobapp-validityscreening.com/applications/14216300/submitted>. The page features the DeMolay International logo at the top left. Below the logo is a red header bar with the text "DeMolay International Background Screening Process". A green notification bar below the header states "Background Process successfully updated." with a close button. In the top right corner, there are links for "Home", "My Account", and "Logout". The main content area has a heading "Thank you for your submission." followed by two paragraphs of text: "If you wish to retrieve any of your documentation once this session has concluded, you will need log back into the system using the credentials you were provided at the beginning of this process." and "Should you wish to change your username, password or both, you will need to click the MY ACCOUNT link below and select new credentials." Below this text are two buttons: "My Account" and "End Session". At the bottom left, there is a green "Chat with us" button. At the bottom center, there is a link: "If you are having technical or completion issues please click [HERE](#)." The footer of the page includes contact information: "Validity Screening Solutions", "866.915.0792", and "clientservices@validityscreening.com". The browser's taskbar at the bottom shows the Windows logo, a search bar, and several open applications. The system tray on the right shows the date and time as "11:27 AM 1/26/2023" and the weather as "40°F Cloudy".

DEMOLOY
INTERNATIONAL

DeMolay International Background Screening Process

Background Process successfully updated.

Home | My Account | Logout

Thank you for your submission.

If you wish to retrieve any of your documentation once this session has concluded, you will need log back into the system using the credentials you were provided at the beginning of this process.

Should you wish to change your username, password or both, you will need to click the MY ACCOUNT link below and select new credentials.

My Account End Session

Validity Screening Solutions
866.915.0792
clientservices@validityscreening.com



Chat with us

If you are having technical or completion issues please click [HERE](#).

11:27 AM
1/26/2023



DeMolay International Background Screening Process

 Signed out successfully. 

You have been signed out.

To reauthenticate [Click Here](#)

If you are having technical or completion issues please click [HERE](#).

Step 3

Obtain your Pennsylvania State Police Criminal History Clearance. This is required by state law and is free for volunteers. Go to [PA State Police Criminal Background Check](#). If there is no record or discrepancies, you will likely receive an immediate response with a link to a pdf file of your clearance document. If there are any comments or discrepancies, you will receive a document in the mail and the Executive Officer will evaluate it.

If you have already completed this for another organization within the past five years you may submit a copy of that clearance document.



PATCH

[Home](#)

[Record Check](#)

[FAQ](#)

[Help](#)



The EPATCH website address has been updated, <https://epatch.pa.gov>. Please use the website address for EPATCH and update any previously saved bookmarks.

Welcome to Pennsylvania Access To Criminal History

The PATCH unit will no longer mail out any PATCH check that is requested on the EPATCH web site. It will be the responsibility of the requestor to print out the No Record or Record response.

PATCH Helpline 1-888-QUERY-PA (1-888-783-7972)

All requests for Notarized copies of a Criminal Record Check MUST BE submitted by mail.

[New Volunteer Record Check](#)

[Submit a New Record Check](#)

[Check the status of a Record Check](#)



Step 4

Obtain your Child Abuse Clearance from the Pennsylvania Department of Human Services. This is required by state law and is free for volunteers. Go to [PA Child Abuse History Clearance](#). You will need the addresses where you lived and the people you lived with since 1975. If you have previously completed this process for another clearance, your background data will be saved in your profile.

If you have already completed this for another organization within the past five years you may submit a copy of that clearance document.



Home



About



Resources



Media



Clearances



Family First

[Department of Human Services](#) > [Keep Kids Safe](#) > [Get a Clearance](#) > PA Child Abuse History Clearance

Child Abuse History Clearance (CY113)

Cost

- **Free** — Volunteers
- **\$13** — Employees, Foster/Adoptive

Note: Child abuse clearance fees for volunteers will continue to be waived one time every 57 months.

How to Submit an Application

Online Submission

The Pennsylvania Child Abuse History clearance can be submitted and paid for online through the [Child Welfare Information Solution \(CWIS\) self-service portal](#). Submitting an application online allows individual applicants to receive their results through an automated system that will notify them once their results have been processed. Applicants will be able to view and print their results online.



If the child you would like to report on is in immediate danger, please call 911 immediately.

WELCOME TO THE

Child Welfare Portal

Our service provides a means for individuals to apply for PA Child Abuse History Clearance online and for mandated reporters to report child abuse in Pennsylvania.

[INDIVIDUAL LOGIN](#)

[CREATE INDIVIDUAL ACCOUNT](#)

Organizations can manage PA Child Abuse History Clearances online for their employees and volunteers

[ORGANIZATION LOGIN](#)

[CREATE ORGANIZATION ACCOUNT](#)



Clearance Applications

- ▶ [Learn About Clearances](#)
Use this link to obtain more information about the PA Child Abuse History Clearance Application Website
- ▶ [Verify a Certificate](#)
Verify an existing certificate.

Child Abuse Referrals

- ▶ [Learn About Child Abuse Referrals](#)
Use this link to obtain more information about the Child Abuse Referral Website
- ▶ [Office of Children, Youth and Families \(OCYF\) Regional Offices](#)

Services and Information

- ▶ [Child Protective Services Law](#)
- ▶ [Regional Map](#)
- ▶ [County Children and Youth Directory](#)
- ▶ [Child Abuse Annual Report](#)

Create Keystone ID: Profile Information



• = Required

To create a new Keystone ID, please provide the following information:

Note: Please ensure the information provided below is accurate. Once the Keystone ID is created, you will not be able to update the Keystone ID, First Name, Last Name or Date of Birth associated with this ID.

- Keystone ID (must be 6 to 64 characters)
- First Name
- Last Name
- Date Of Birth (MM/DD/YYYY)
- E-mail
- Confirm E-mail

To ensure online security, please select and provide answers for security questions. These questions will be used if you forget your password.

[Security Question Tips](#)

Choose questions for which you will easily recall the answers; do not write down the questions and answers, as this undermines their usefulness as a security tool.
 Avoid using special characters (\$#@) and punctuation (" . -) in your answers.
 You cannot use the same question more than once.
 Answer cannot be any phrase directly from the question.

- Security Question 1
- Answer
- Security Question 2
- Answer
- Security Question 3
- Answer

For security reasons, please answer the following question.

Question

- Answer

Please review the information provided and click Finish.

If this is your first time – You will create your own Keystone ID (or User ID)

Complete the remainder of the required fields

Hit “finish”

Step 5

Fingerprinting. NOTE: This is NOT required if you have resided in Pennsylvania continuously for the past 10 years. This will require you to visit a fingerprinting center and will cost \$22.60.

Go to [IdentoGO](#)

Use the Service Code **1KG6ZJ**

Click on Schedule or Manage Appointment.

Complete all the questions.

You will need to take documents to the fingerprinting appointment such as a drivers license or passport.

Step 6

Complete and sign the Disclosure Statement Application for Volunteers found at [DISCLOSURE STATEMENT \(pa.gov\)](#).

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____

Step 7

Once you have submitted your application on eScribe, [email](mailto:DWBERRY@pademolay.net) Executive Secretary Dave Berry. DWBERRY@pademolay.net

Attach your documents:

- Pennsylvania State Police Background Check
- Child Abuse Clearance
- Fingerprint results (if required)
- SambaSafety PA Driver's Form
- Completed and signed volunteer disclosure form

Step 8

Once all your documentation is submitted, the Executive Officer will review and approve them, and Pennsylvania DeMolay will submit payment to DeMolay International.

DeMolay International will notify you that you may begin online advisor training.

- Log into <https://escribe.demolay.org/>;
- Hover the cursor over Education; and
- Click on Advisor Training and complete the modules.

Step 9

Attend one of the Pennsylvania DeMolay specific advisor training programs at one of the state-wide or regional events.

These are two-hour programs where you will learn about Pennsylvania DeMolay programs and opportunities for advisors. They are typically offered at events such as the DeMolay weekend events at the Masonic Conference Center Patton Campus in Elizabethtown and others as announced.

Step 10

Have fun!

THE ROAD
BEGINS **HERE**