

Pennsylvania DeMolay

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.

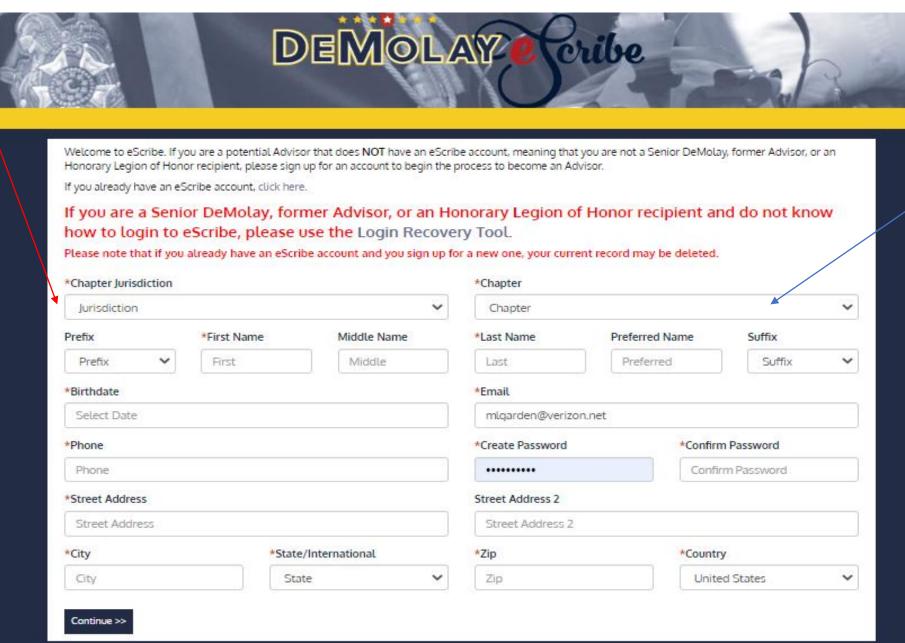
For other questions if you get lost in this process, or if you lose your eScribe password, contact Executive Secretary David W. Berry. More on eScribe coming in the next couple of slides!

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

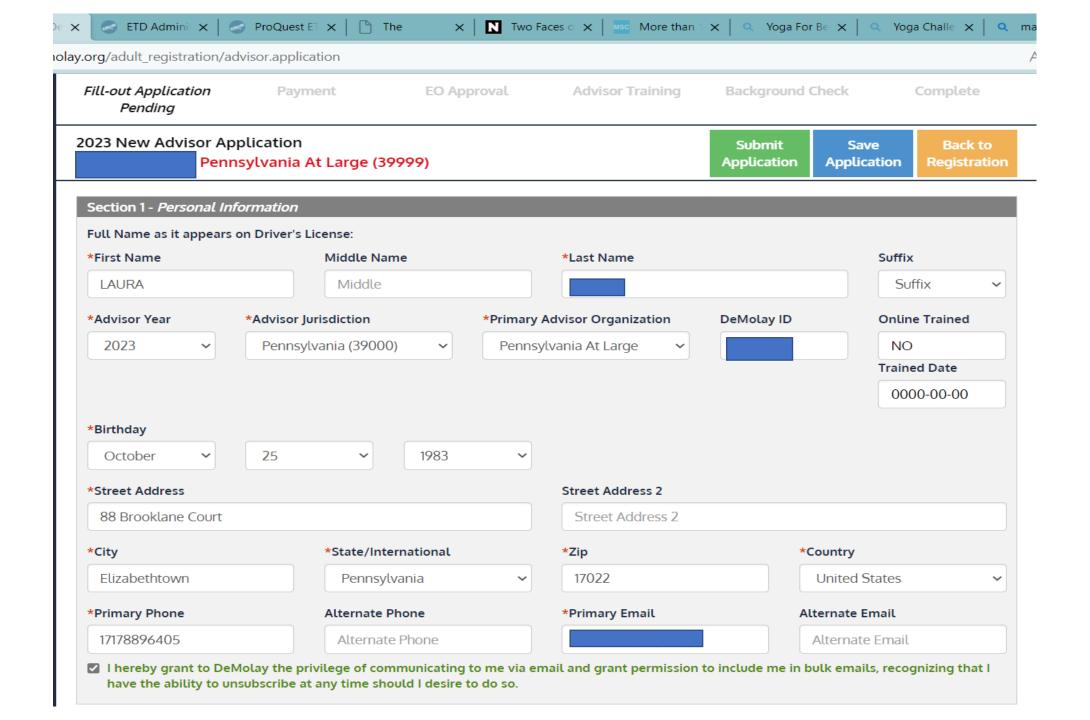
If you are a Senior DeMolay, former Advisor, or an Honorary Legion of Honor recipient you likely already have a profile on eScribe. If you do not know your password, <u>contact</u> Dave Berry.

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.

New Advisor Application



Chapter-Select 1 Chapter or If new chapter select PA at Large





DeMolay International Background Screening Process

1 An email has been sent to Your email

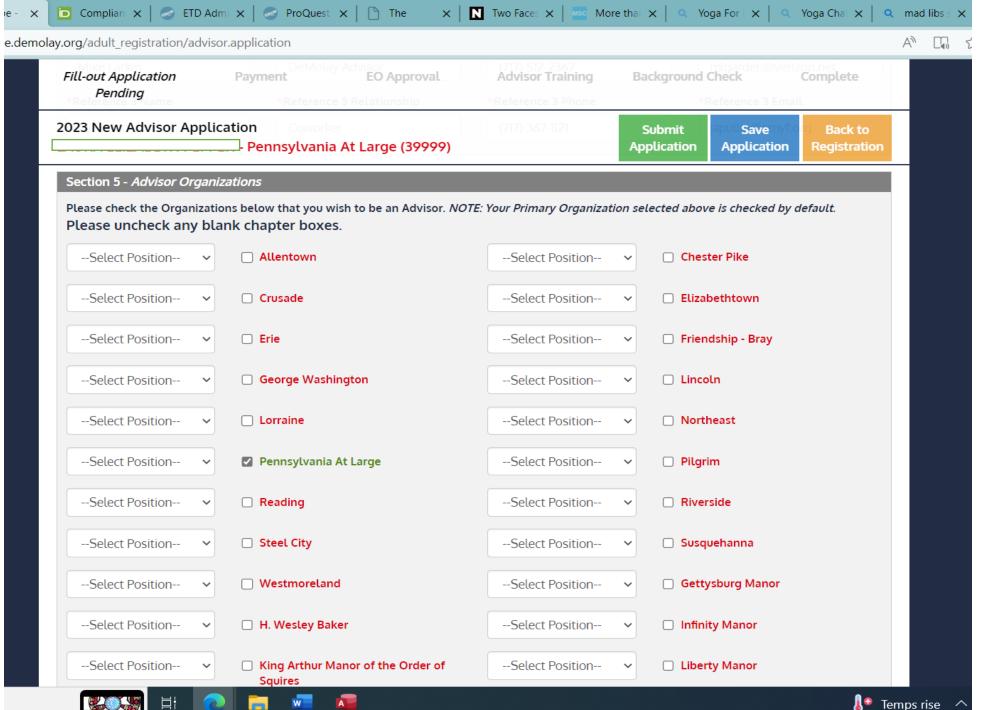


Success! Email sent!

Please refer to the email from notifications@validityscreening.com 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.



Step 1
DI Background
Screening
Process





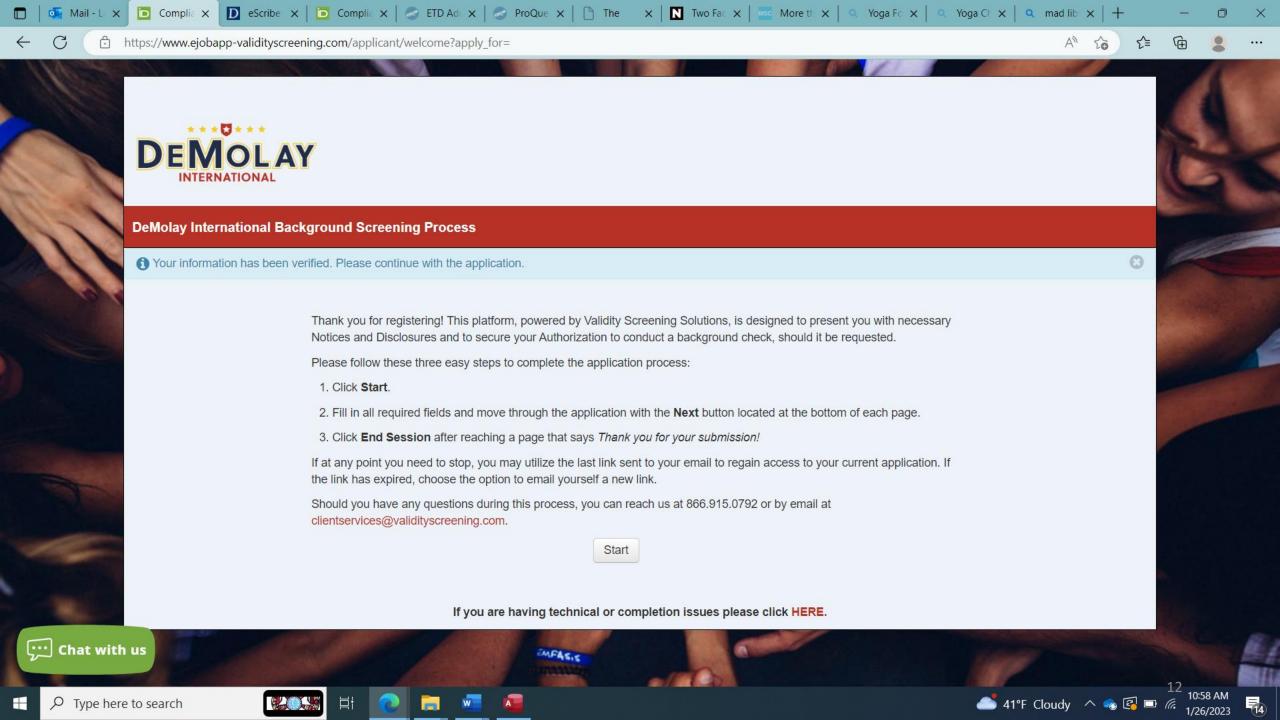












From eScribe, complete the background check application. This is required by DeMolay International. Part of this process includes attaching the SambaSafety PA Driver's Form. Again, **DO NOT** submit payment for this. The Pennsylvania DeMolay Executive Officer will approve the application and the office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

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



DeMolay International Background Screening Process

Home | My Account | Logout

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".

ı us

DL-503 (7-19)

MESSENGER NO.

pennsylvania
DEPARTMENT OF TRANSPORTATION

SambaSafety Account Number (Required):

₹	EQUEST FOR DRIVER	INFORMATION				
oc	NOT SEND CASH • SEE REVERSE	FOR INSTRUCTIONS		Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-86	195	
	ECK (V) ONE ONLY:	- bloke or le mak leebyded) [O CEPT			
	BASIC INFORMATION: \$11.00 FEE (Driver) 3 YEAR DRIVER RECORD: \$11.00 FEE			CERTIFIED DRIVER RECORD: \$36.00 FEE COPY OF DOCUMENT FROM FILE (MICROFILM): \$11.00 FEE		
	✓ 10 YEAR DRIVER RECORD: \$11.00 FE			CERTIFIED COPY OF DOCUMENT FROM FILE: \$36.00	FEE	
	You may obtain a copy of you	ır own 3 year or 10 year Driv	ing Reco	ord on PennDOT'S website at www.dmv.pa.gov		
A	REQUESTER INFORMATION			ND USER OF INFORMATION BEING REQUESTED	,	
	NAME/COMPANY		NAME/CO	OMPANY		
	SambaSafe ADDRESS P.O. Box number may be used in addition to	ety	ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence			
	used as the only address.	are actual address, but cannot be	Para Late (1.0. Don not deceptating, note to provide priyarial relation of educative and endered			
	11040 White Rock Ro					
	CITY	STATE ZIP CODE	CITY	STATE Z	IP CODE	
	Rancho Cordova	CA 95670				
	DAYTIME TELEPHONE NUMBER (REQUIRED)80	00.766.6877	DAYTIME	TELEPHONE NUMBER (REQUIRED)		
	RELATIONSHIP TO DRIVER (REQUIRED)	Vendor	RELATIO	NSHIP TO DRIVER (REQUIRED) Employer		
			D AFF	IDAVIT OF INTENDED USE		
	SIGNATURE X		Intended Use of the Information Requested: CHECK ONLY ONE			
	NOTARIZATION NOT REQUIRED WHEN REQUI	ESTING YOUR OWN RECORD	📙	B = Driver Release (Driver must complete Section E.)		
С	DRIVER INFORMATION	ESTING FOOK OWN REGORD	1 "	C = Credit Business (Legitimate Business need in connection with a butransaction initiated by the driver.)	ısiness	
_	NAME: LAST FIRST	T INITIAL		C = Credit Potential Investor, Server or Current Insurer (In c	connection	
				with an assessment of the credit/payment risks associated with an existing obligation.)	g credit	
	ADDRESS		4	E = Employment (To support the hiring or the continuation of employme must complete Section E.)	nt. Driver	
	СПУ			R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.		
	STATE ZIP CODE		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).			
	PHONE NUMBER		□ L= Attorney representing driver identified in Section C (Driver must complete Section E.)			
	DATE OF BIRTH DRI	DATE OF BIRTH DRIVER NUMBER		I hereby Certify that		
	MONTH DAY YEAR	VERNOMBER	1	PRINTED NAME OF REQUESTER	- 6444	
_			of the	se the driver record abstract(s) required pursuant to Section Pennsylvania Vehicle Code, for the purpose checked about	ve only	
	DRIVER RELEASE		and n	no other reason. This affidavit is filed in compliance with if the Fair Credit Reporting Act. I/We have read and signed	Section	
	l _i	hereby request	form a	after its completion, and I/We swear or affirm that the stat	tements	
	NAME OF DRIVER			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		
	the Department of Transportation to furnish a copy of my PA Driver's Record to SambaSafety NAME OF PERSONICOMPANY		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.		ot more	
	SIGNATURE OF DRIVER	SIGNATURE OF DRIVER DATE				
=	MICROFILM		1	SIGNATURE OF REQUESTER		
	TYPE OF DOCUMENT	DATE OF VIOLATION	Title	Records Supervisor		
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(see list of available documents below)			Iz I X			
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	Court Certifications Suspension/Revocation Letters		ZAI			
	Applications Icense Renewals Restoration Letter Rescind Letter	's	OTARIZATION			
	Judgments Department He Suspension Credit Affidavits	earing or Exam Notice	<u>6</u> 2			

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.

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Document Upload

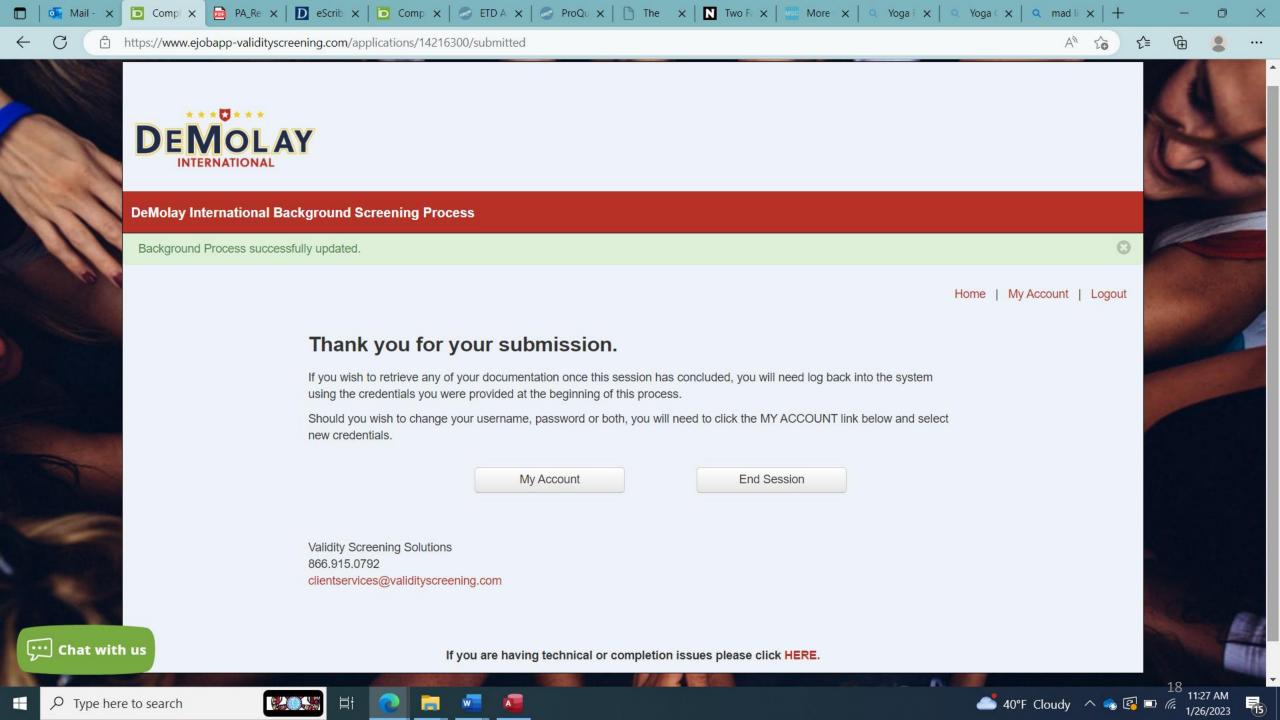
The following documents are on file:

Document on File	Uploaded	Actions	
Adobe_Scan_Jan_262023.pdf	January 26, 2023 10:19 AM CST	The state of the s	

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.)

Choose File No file chosen





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):

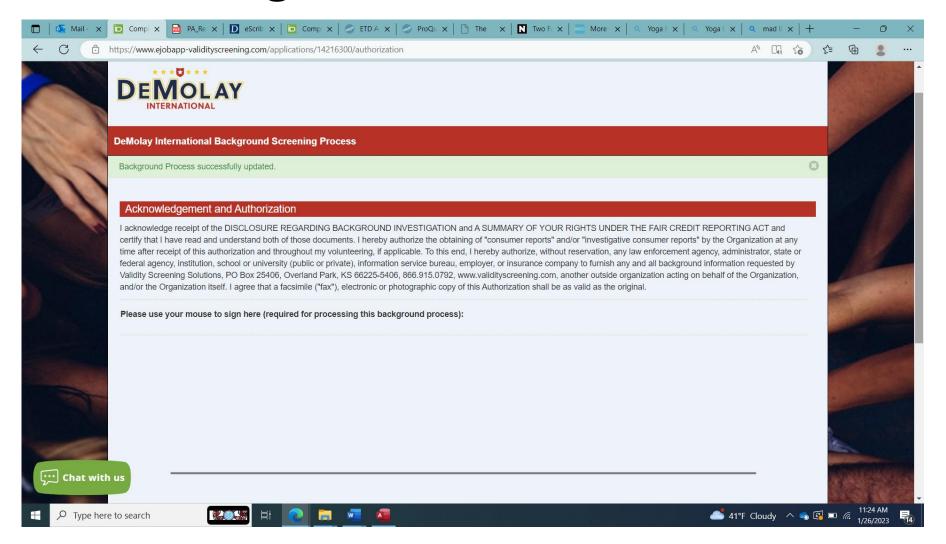


Sign on line

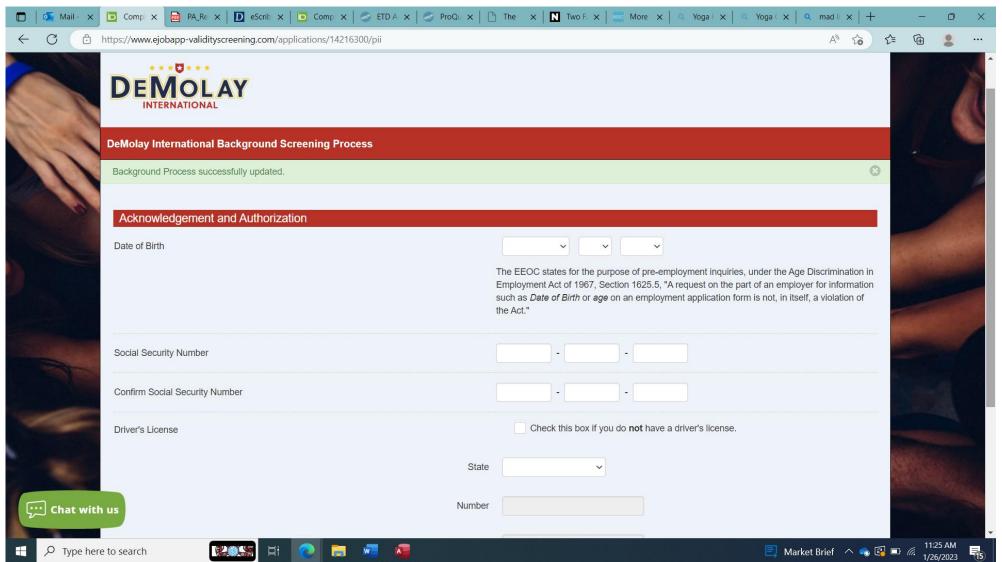
at with us

11:22 AM

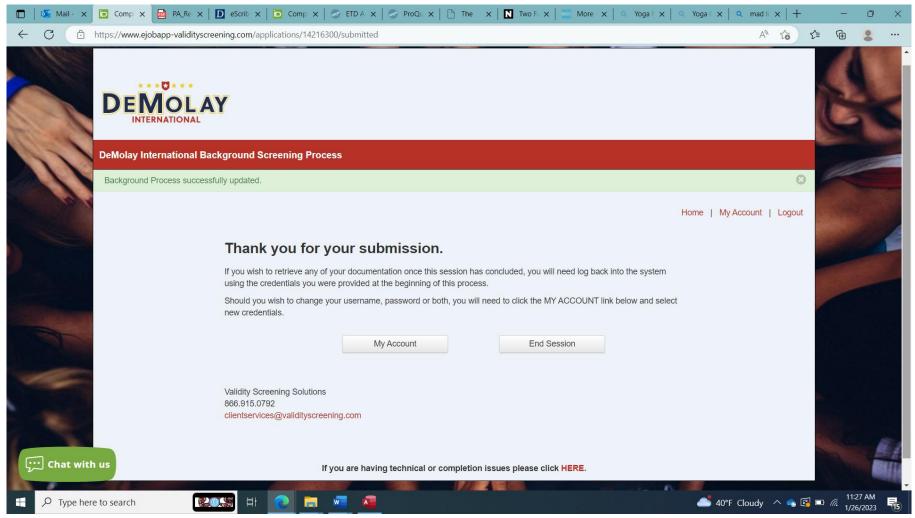
Acknowledge and Authorization

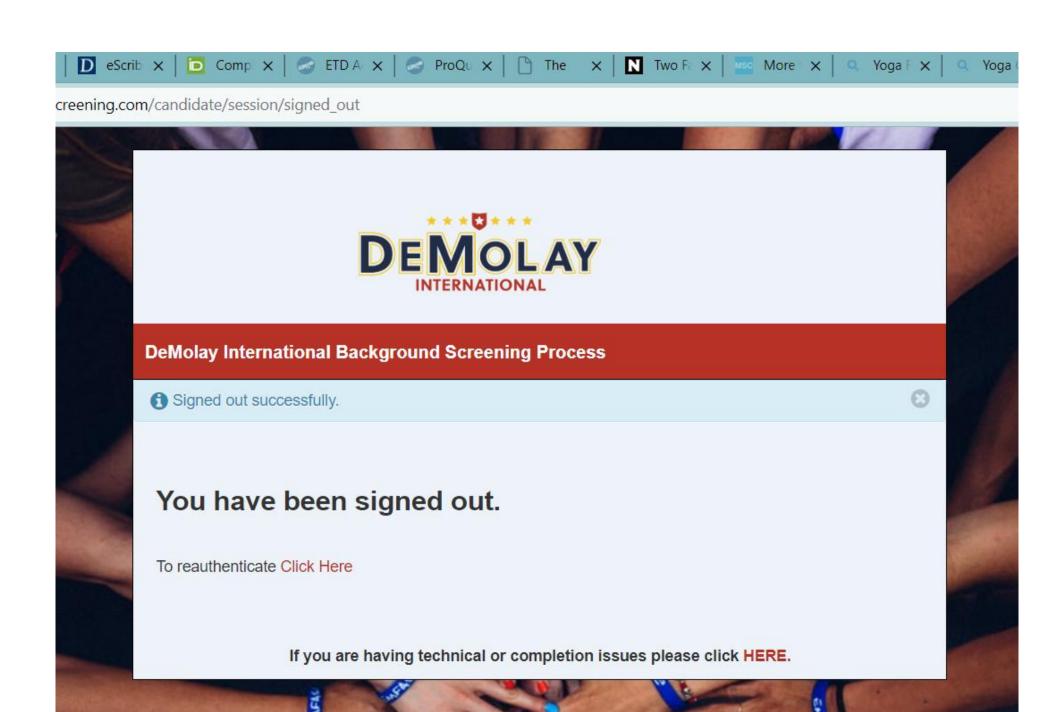


Another Acknowledge and Auth (wssn)



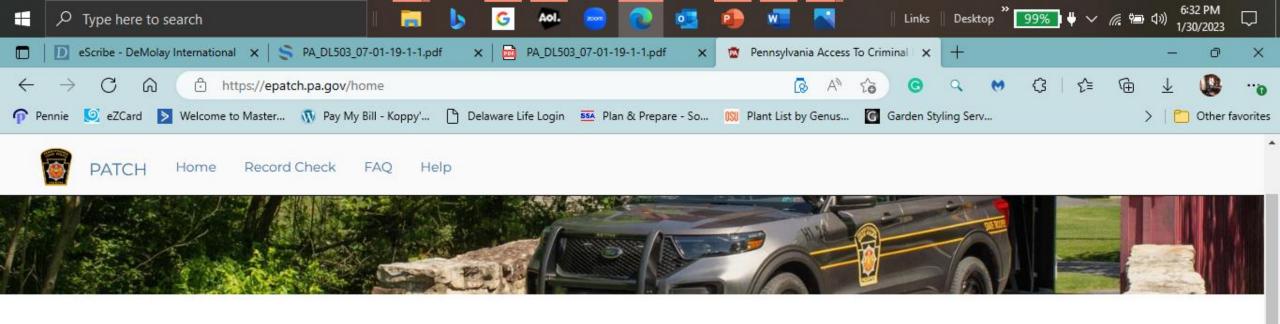
Thankyou for your submission





Obtain your Pennsylvania State Police Criminal History Clearance. This is required by state law and is free for volunteers. Go to <u>PA State Police Criminal Background Check</u>. 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.



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.

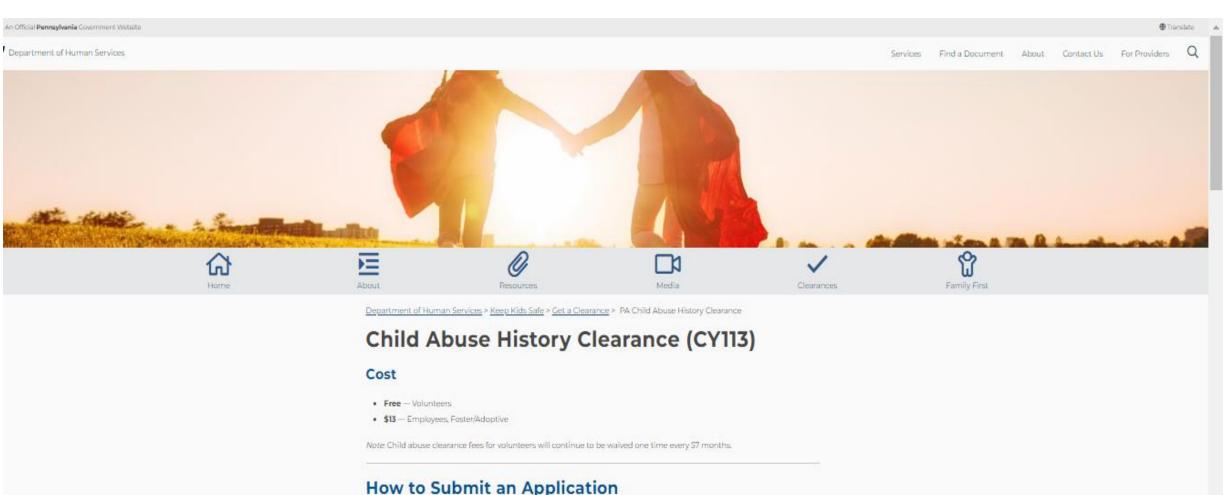
New Volunteer Record Check

Submit a New Record Check

Check the status of a Record Check

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 <u>PA Child Abuse History Clearance</u>. 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.



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,

Need Help? Contact the CWIS Support Center at 1-877-343-0494

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

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

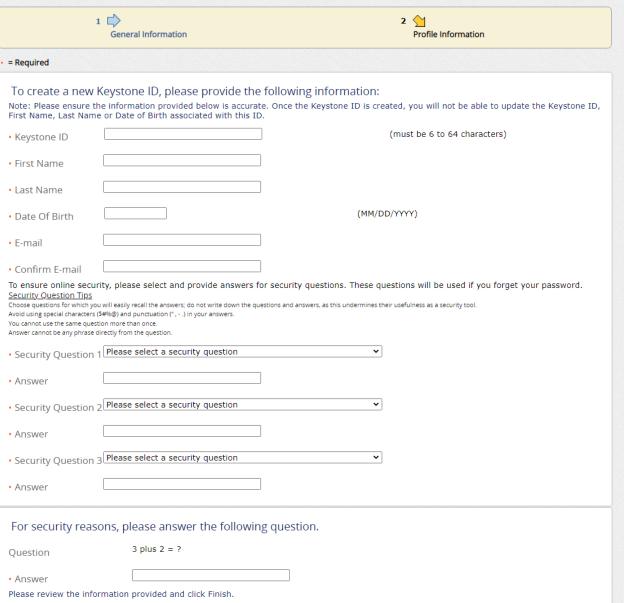
If this is your first time – You will create your own Keystone ID (or User ID)

Complete the remainder of the required fields

Hit "finish"



Create Keystone ID: Profile Information



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.

Complete and sign the Disclosure Statement Application for Volunteers found at <u>DISCLOSURE STATEMENT</u> (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:		

Once you have submitted your application on eScribe, <u>email</u> 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

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.

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.

Have fun!

