

OFFICE OF THE DISTRICT ATTORNEY
MONTGOMERY COUNTY YOUTH AID PANEL PROGRAM
VOLUNTEER APPLICATION

ELIGIBILITY REQUIREMENTS FOR ALL VOLUNTEERS

United States citizen; 18+ years of age; Montgomery County resident; no prior arrest, criminal conviction or other non-trial disposition; meet all requirements under the "Child Protection Law" enacted in 2014; not currently employed as a law enforcement officer or hold elected/ appointed public office.

Name _____ Date of Birth _____ SS# _____

Street _____ City _____ Zip _____

How long have you lived at your current address? _____

Previous Address: Street _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Occupation _____ Employer _____

Are you a citizen of the United States?	YES	NO
Have you been a continuous resident of Pennsylvania for the past 10 years?	YES	NO
Have you been arrested or convicted of a crime? (Excluding minor traffic citations)	YES	NO
Are you seeking or do you hold elected or appointed public office?	YES	NO
Are you currently employed as a law enforcement officer?	YES	NO

CERTIFICATION STATEMENT

I certify that the statements made in this YAP volunteer application are true and correct to the best of my knowledge and belief. I hereby authorize and grant permission to the Montgomery County District Attorney's Office, the Montgomery County Detective Bureau, and its designees, to fully investigate and verify the information contained herein, including but not limited to, records relating to my criminal history and information from Children and Youth Services. I understand that providing false information or failing to provide complete information shall constitute grounds for rejection of my application and/or immediate dismissal as a volunteer. Individuals with a criminal record of any type are not eligible to volunteer in this program. The District Attorney's Office has sole discretion whether to accept a volunteer for the program.

Print Name _____ Signature _____ Date _____

MAIL TO: Montgomery County Office of the District Attorney
Juvenile Division ATTN: Youth Aid Panel
P.O. Box 311 Norristown PA 19404-0311

OR

SCAN and EMAIL TO: DA.YAP@montcopa.org

PHONE ASSISTANCE: (610)551-6628

VOLUNTEER QUESTIONS

How did you hear about the Youth Aid Panel program? -

What is your previous volunteer experience, if any?

Youth Aid Panels are comprised of small groups who must work together and reach a consensus regarding proper resolutions. What are your strengths and/or challenges when working in a small group setting?

Why do you want to serve as a volunteer for the Youth Aid Panel Program?

PERSONAL REFERENCES (MUST LIST TWO)

Name _____ Phone _____ Cell _____

Street _____ City _____ State _____ Zip _____

Name _____ Phone _____ Cell _____

Street _____ City _____ State _____ Zip _____

"At will" Volunteer Status

I certify that as a volunteer in the Youth Aid Panel (YAP) Program my services are "at will", and I may be subject to termination by the Montgomery County District Attorney at will, with or without cause, and with or without notice, at any time. The District Attorney reserves the sole right to modify, revoke, suspend, terminate or change any or all policies or procedures in the YAP Program, in whole or in part, with or without notice.

Print name _____ Signature _____ Date _____

**THANK YOU FOR YOUR INTEREST IN SERVING AS A VOLUNTEER FOR
THE MONTGOMERY COUNTY YOUTH AID PANEL PROGRAM!**