

LANCASTER COUNTY YOUTH AID PANEL APPLICATION FOR TRAINING



Instructions for application to serve on a Lancaster County Youth Aid Panel:

Please complete the following application in its entirety. In addition, you must complete and submit the PA Child Abuse History Clearance form and provide a copy of your clearance upon receipt. Follow this link for information on how to do so: <https://www.compass.state.pa.us/cwis/public/home>

Be aware that you and any of your listed references may be contacted by phone as a follow up to this application. Applications must be submitted prior to the first day of training.

Submit completed applications and any questions to:

Dena Maounis
Lancaster County District Attorney's office
50 N. Duke St, 7th Floor
Lancaster, PA 17602
717-299-8100 ext. 8500
DMAounis@Lancastercountypa.gov

NAME: _____

ANY OTHER NAMES USED PREVIOUSLY _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

COMMUNITY PANEL BEING REPRESENTED: _____

DOB: _____

ADDRESSES FOR THE PAST TEN YEARS:

EMPLOYMENT INFORMATION PAST 15 YEARS: (Use additional pages as needed)

EMPLOYER: _____

ADDRESS: _____

LANCASTER COUNTY YOUTH AID PANEL APPLICATION FOR TRAINING



PHONE: _____ START DATE: _____

TITLE/POSITION: _____

SUPERVISORS NAME: _____ PHONE #: _____

EMPLOYER: _____

ADDRESS: _____

PHONE: _____ START DATE: _____

TITLE/POSITION: _____

SUPERVISORS NAME: _____ PHONE #: _____

EMPLOYER: _____

ADDRESS: _____

PHONE: _____ START DATE: _____

TITLE/POSITION: _____

SUPERVISORS NAME: _____ PHONE #: _____

EMPLOYER: _____

ADDRESS: _____

PHONE: _____ START DATE: _____

TITLE/POSITION: _____

SUPERVISORS NAME: _____ PHONE #: _____

EMPLOYER: _____

ADDRESS: _____

PHONE: _____ START DATE: _____

TITLE/POSITION: _____

SUPERVISORS NAME: _____ PHONE #: _____

LANCASTER COUNTY YOUTH AID PANEL APPLICATION FOR TRAINING



REFERENCES: (Use additional pages as needed)

1. NAME: _____ PHONE #: _____
ADDRESS: _____
RELATIONSHIP: _____ YEARS KNOWN: _____

2. NAME: _____ PHONE #: _____
ADDRESS: _____
RELATIONSHIP: _____ YEARS KNOWN: _____

3. NAME: _____ PHONE #: _____
ADDRESS: _____
RELATIONSHIP: _____ YEARS KNOWN: _____

EDUCATION:

SCHOOL ATTENDED: _____
YEAR OF GRADUATION: _____ DEGREE: _____

CRIMINAL HISTORY INFORMATION:

Have you ever been arrested or convicted for a summary, misdemeanor or felony crime? _____

Date of incident: _____ offense type: _____

Please provide a separate attachment briefly explaining the circumstances of the information provided on this application regarding any criminal history information.

I certify that my answers are true and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____