

YOUTH AID PANEL
APPLICATION FOR MEMBERSHIP

NAME: _____
(First) (Middle) (Last) (Maiden- if applicable)

HOME PHONE: _____ **CELL PHONE:** _____

DATE of BIRTH: _____ **SOCIAL SECURITY #:** _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOW LONG HAVE YOU RESIDED AT YOUR PRESENT ADDRESS? _____
Years Months

PREVIOUS ADDRESS: _____
(If necessary, please attach a sheet listing other addresses for the last 5 years & dates of residency.)

MARITAL STATUS: Single _____ Married _____ Widowed _____ Separated _____ Divorced _____

AGES & SEX of CHILDREN: _____

CURRENT OCCUPATION: _____ **HOW LONG:** _____

CURRENT EMPLOYER: _____

ADDRESS / PHONE: _____

HIGH SCHOOL GRADUATE/EQUIVALENCY: Yes _____ No _____ If No, Highest Grade Completed: _____

COLLEGE EDUCATION (# of Years): _____ **TYPE OF DEGREE:** _____

MAJOR(S): _____

Do you hold any elected or appointed public positions? Yes _____ No _____

If Yes, what is the office & how long have you held it? _____

Are you currently, or do you intend to be in the near future, a candidate for political or public office?

Yes _____ No _____ If Yes, what office? _____

Are you a Police Officer? Yes _____ No _____

YOUTH AID PANEL
APPLICATION FOR MEMBERSHIP

Please describe any previous volunteer experience:

Activities & Interests:

Major organizations to which you belong (civic, fraternal, church, social, etc.):

Describe special skills that you possess and those aspects of your personality which you feel render you well suited to perform this volunteer counseling service:

Have you ever been convicted of a crime? Yes _____ No _____

If Yes, please explain (Note that a "Yes" response does not automatically exclude you from consideration):

List two (2) references (Name, Address & Phone) that you have known for a minimum of five (5) years:

My signature constitutes my authorization to obtain any information available pursuant to the Criminal History Record Information Act in order to process this application.

Applicant's Signature

Date

Return Application To:

**Hilltown Township Police Department
P.O. Box 260
Hilltown, PA 18927
Attn: Officer Kerry Karte**