



OFFICE OF THE DISTRICT ATTORNEY

DELAWARE COUNTY COURTHOUSE

201 WEST FRONT STREET

MEDIA, PENNSYLVANIA 19063

Youth Aid Panel - Volunteer Application

ELIGIBILITY REQUIREMENTS:

- 18+ years of age
- Delaware County resident
- Meet all requirements under the "Child Protection Law" enacted in 2014
- Not currently employed as a law enforcement official or hold elected/appointed public office

Full Name: _____

Date of Birth: _____ (MM/DD/YYYY)

Address: _____

Phone Number: _____ Cell Home

Email Address: _____

Are you currently employed? Yes No

Occupation/Employer: _____

Are you a student? Yes No **School /Major:** _____

1. **Have you been arrested or convicted of a crime?** Yes No
2. **Are you seeking or do you hold elected or appointed public office?** Yes No
3. **Are you currently employed/related as/to a law enforcement officer?** Yes No

If yes to 1-3 please provide further detail:

Why are you applying to be a Youth Aid Panel Volunteer?

How did you hear about the Youth Aid Panel Program?

PERSONAL REFERENCES (REQUIRED)

Name: _____ Email: _____

Name: _____ Email: _____

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 Delaware County District Attorney’s Office, the Delaware 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: _____

“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 Delaware 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: _____

HOW TO SUBMIT YOUR APPLICATION

Via email: yap@co.delaware.pa.us

Via mail: Delaware County Office of the District Attorney
ATTN: Youth Aid Panel
201 West Front Street
Media, PA 19063