

## Youth Aid Panel Membership Application

Lynne Abraham  
District Attorney

1801 Vine Street, Room 317  
Philadelphia, PA 19103-1117

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### Instructions

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**Privacy Act Notices:** This information is to be used by the Philadelphia District Attorney's Office in the Administration of the Youth Aid Panel Program. The information you provide will be used exclusively in the application process for selection as a participation in the Youth Aid Panel Program. This information will not be disclosed outside this agency except as required and permitted by law.

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**Instructions:** Complete all parts of this form. Make sure that your information is clearly written or typed. Any intentional misstatement of fact or material omission will be cause for rejection. After completing this form, make a copy for your records and mail the original to the address provided on the reverse of this form. You will be contacted by a representative of the District Attorney's Office to schedule an interview if appropriate. If any of the information you have provided should change while you are in the application process, notify this office in writing as soon as possible.

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### **PART I – PERSONAL INFORMATION**

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1. Name: (First, Middle, Last)	2. Title:	3. Maiden name/any other name by which you have been known:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
4. Present Address: (Include Apt. #)	5. City/State	6. Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
7. Sex	8. Race	9. How long have you lived at Present Address?	10. Previous Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Date of Birth :	12. Social Security Number:	13. Home Phone:	14. Business Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Marital Status (Check One):		16. List age and sex of child(ren):	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		<input type="text"/>	

**PART II – BACKGROUND INFORMATION**

17. Present Occupation:    18. Present Employer:    19. Employer's Address:

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20. How long at this job?    21. Previous Occupation:    22. Previous Employer:    23. Do you hold any Elected/  
Public Appointed Job?

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24. If Yes, What Office and When was it acquired?    25. Are you a candidate for Political or Public Office?    26. If Yes, what Office? Please attach Sheet to explain

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27. Have you or a member of your immediate family ever been a victim of crime?    28. If Yes, list nature of crime, month, and year crime occurred:

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29. Circle highest grade completed:    30. What was your major area of study?    31. Have you ever been ARRESTED for a Crime? If yes, explain below (attach sheet)

5   6   7   8   9   10   11   12 College: 1   2   3   4 Graduate: 1   2   3   4		_____ If you have attached additional sheets for these purposes, please check <b>NOTE: A yes answer does not automatically exclude you from consideration</b>
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32. Have you ever been convicted of a crime? If yes, please explain below (please attach sheet).

_____ If you have attached additional sheets for these purposes, please check <b>NOTE: A yes answer does not automatically exclude you from consideration</b>

**PART III – EXPERIENCE, QUALIFICATIONS, AND AFFILIATIONS**

33. Please list your Hobbies, Interests, and Activities that you enjoy:    34. Describe any skills you possess and those aspects of your of your personality which render you well-suited to perform this counseling service (Foreign languages spoken, training received, etc.)

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35. Please list two (2) references not related to you:

Name	Address	Phone Number

36. What Police District do you reside in?

37. If we are unable to place you in the panel of your district of residence, to which panel would you like to be assigned?

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**PART IV – ENDORSEMENTS**

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38. Name: (Printed)

39. Applicant Signature:

40. Date

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Mail completed and signed application to:

YOUTH AID PANEL  
DISTRICT ATTORNEY'S OFFICE  
1801 VINE STREET, ROOM 317  
PHILADELPHIA, PA 19103-1117

**FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE**

Date application received	Date of record check:	Result of Record Check	Computer Printout Attached?

Scheduled Interview Date:	Location of Interview:	Date Applicant Notified Of Interview:	Date/Time Interview Performed:

District Attorney Representative Conducting Interview:

Training Period/Location:

Result of Training:

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Project Director Action:

Initial:

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Program Director's Signature:

Date:

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