

Rockwood Area School District

Guidelines and Requirements for Volunteers

Guidelines:

The Rockwood Area School District requires all prospective volunteers to complete and submit a volunteer application and to provide all required certifications and documents as outlined below.

- The names of all *position* volunteers shall be submitted for approval by the Board of Directors.
- The names of all *guest* volunteers shall be submitted for approval by the building principal or designee.

Classifications of Volunteers:

- **Position Volunteer** – an adult applying for or holding an unpaid position with a school or a program, activity or service, as a person responsible for the child’s welfare or having direct volunteer contact with children. Examples include, but are not limited to: field trip chaperones, tutors, coaches, activity advisors, recess or library aides, etc.
- **Guest Volunteer** – an adult who voluntarily provides a service to the district, without compensation, who: (1) works directly under the supervision and direction of a school administrator, a teacher or other member of the school staff; and (2) does not have direct volunteer contact. Examples include, but are not limited to: volunteering to assist in classroom celebrations, school assemblies, or school concerts; reading to students; collecting tickets at sporting events; working concession stands; participating in “Career Day,” etc.

Position Volunteer Requirements:

- Complete volunteer application
- Obtain Board approval
- Provide PA Child Abuse History Clearance (Act 151 – PA Child Line)
- Provide Criminal Record Check Clearance (Act 34 – PA State Police)
- Complete FBI Disclosure Statement (if volunteer has been a resident of PA during the entirety of the previous ten-year period). If a volunteer has **NOT** been a resident of PA during the entirety of the previous ten-year period, the volunteer must submit a Federal Criminal History Report (FBI fingerprinting clearance). Board approved volunteers must now obtain a volunteer Service Code from the Pennsylvania Department of Human Services (DHS) in order to complete a Volunteer FBI Background Check. For information on how to obtain a volunteer Service Code and register for an appointment to be fingerprinted, please refer to the [FBI Fingerprinting Instructions for School Volunteers](#).
- Submit results of a Tuberculosis Test, if the volunteer will have direct contact with students ten or more hours/week.
- Complete form PDE 6004 – Arrest/Conviction Report
- Complete training on Recognizing and Reporting Child Abuse – Act 126

Guest Volunteer Requirements:

- Complete volunteer application
- Obtain approval by building principal

**** APPROVAL AND RECEIPT OF ALL PAPERWORK IS REQUIRED
PRIOR TO BEGINNING SERVICE AS A VOLUNTEER**

Rockwood Area School District
439 Somerset Avenue, Rockwood, PA 15557

** **IMPORTANT NOTE:** Please circle one of the following: **Position Volunteer** or **Guest Volunteer***

Volunteer Agreement Form

As a volunteer for the _____ program for the 20__ - 20__ school year at the Rockwood Area School District, I understand I am **not an employee** and will not receive monetary compensation for the work I perform.

Prior to volunteering, I will submit the following required clearances: Act 34 – PA State Police Criminal Record Check, Act 151- PA Child Abuse, and Act 114 FBI Fingerprinting (or affidavit if applicable - see immediate advisor, coach, or supervisor for details), Act 126 – Mandated Recognizing & Reporting Child Abuse training, and PDE 6004 form – Arrest/Conviction Report. I also agree to submit the results of a tuberculosis (TB) test if volunteering to work directly with students 10 or more hours/week.

I understand that I am not entitled to workers' compensation or group medical/hospital/dental benefits from the Rockwood Area School District. My personal insurance will apply while I am a volunteer.

In the event I am injured while serving in this capacity, I will not hold the School District and/or its employees responsible for any or all of the expenses incurred.

I understand that the Rockwood Area School District does not provide auto insurance coverage for my personal vehicle. My personal insurance will apply to my vehicle if I use it while I am a volunteer.

I agree to follow all safety rules and to follow all instructions from my supervisor. I understand that if I do not follow these rules and instructions, I will receive a verbal warning or a written warning, and may possibly be dismissed from the volunteer program.

My signature below indicates that I understand the conditions stated above, and I will follow all applicable rules, procedures, policies, and instructions.

Signature of Volunteer

Date

Volunteer Name (please print)

Phone Number (including area code)

Complete Address: Street/P.O. Box, City, State, Zip Code

Signature of Advisor/Coach/Immediate Supervisor

Date

Signature of Athletic Director

Date

Signature of School Principal

Date

Signature of Superintendent

Date

NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED EACH YEAR. CLEARANCES MUST BE PROVIDED BEFORE THE VOLUNTEER WILL BE RECOMMENDED FOR INITIAL SCHOOL BOARD APPROVAL.

Board Approved 9/19/2017

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
1-888-QUERYPA (1-888-783-7972)**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758
DO NOT SEND CASH OR PERSONAL CHECK
CHECK ONE BLOCK
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$22.00 , PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$27.00 , PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> FEE EXEMPT -NONCRIMINAL JUSTICE AGENCY – NO FEE

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.

FEES FOR REQUESTS - \$22.00. NOTARIZED FEE REQUESTS - \$27.00.
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****

REASON FOR REQUEST				
◀◀◀◀◀CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶				
<input type="checkbox"/> INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$27.00 FOR REQUEST)				
<input type="checkbox"/> ADOPTION (DOMESTIC)	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> VISA	<input type="checkbox"/> OTHER	

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Foster parent
<input type="checkbox"/> Prospective adoptive parent
<input type="checkbox"/> Employee of child care services
<input type="checkbox"/> School employee governed by the Public School Code
<input type="checkbox"/> School employee not governed by the Public School Code
<input type="checkbox"/> Self-employed provider of child-care services in a family child-care home
<input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service
<input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program
<input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children
If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE :
<input type="checkbox"/> Big Brother/Big Sister and/or affiliate
<input type="checkbox"/> Domestic violence shelter and/or affiliate
<input type="checkbox"/> Rape crisis center and/or affiliate
<input type="checkbox"/> Other: _____
<input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)

<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE OF OIM/CAO REPRESENTATIVE OIM/CAO PHONE NUMBER </div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)				
Name (First, Middle, Last)	Relationship	Present Age	Gender	
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE
DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #

INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
 - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
 - (2) An area vocational-technical school.
 - (3) A joint school.
 - (4) An intermediate unit.
 - (5) A charter school or regional charter school.
 - (6) A cyber charter school.
 - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
 - (8) A private school accredited by an accrediting association approved by the state Board of Education.
 - (9) A non-public school.
 - (10) An institution of higher education.
 - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
 - (12) The Hiram G. Andrews Center.
 - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
 - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a **program, activity, or service, as a person responsible for the child's welfare or having direct contact with children:** Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
 - A youth camp or program;
 - A recreational camp or program;
 - A sports or athletic program;
 - A community or social outreach program;
 - An enrichment or educational program; and
 - A troop, club, or similar organization
 - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
 - Check the box for **individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
 - Check the box for **individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.

- Check the box for **individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the **volunteer having direct volunteer contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.
- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a **"PAYMENT AUTHORIZATION CODE"** by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

Applicant Demographic Information:

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary; **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

Address:

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note:** If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

Contact Information:

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

Previous Names Used Since 1975:

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

Previous Addresses Since 1975:

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

Household Members:

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

Signature:

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

CHILDLINE USE ONLY:

- Please **DO NOT WRITE** in this section. This is for CHILDLINE staff only.

Additional Information:

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a clearance through the Federal Bureau of Investigation, as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one

of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____

FBI Fingerprinting Instructions for School Volunteers

Volunteer FBI Background Check

Updated January 2, 2023

Issued by: PA Department of Education

Board approved school volunteers, who have NOT been a resident of Pennsylvania during the entirety of the previous ten-year period, must now obtain a volunteer Service Code from the Pennsylvania Department of Human Services (DHS) in order to complete a Volunteer FBI Background Check. This change is in response to a bulletin issued by DHS that indicates all individuals governed by the Child Protective Services Law (CPSL) must obtain clearances through DHS. This change includes public, private, and nonpublic school volunteers.

To obtain a volunteer Service Code, individuals must contact DHS directly at 1-877-371-5422 or RA-PWCPSLQUESTIONS@pa.gov.

Step by Step Instructions:

1. Obtain a volunteer Service Code from DHS (see above for contact information)
2. You can register for an appointment to be fingerprinted two ways:
 - Visit the Identogo website at <https://www.identogo.com/> or
 - Call 1-844-321-2101 and listen to the options menu
3. If registering online, click “Get Fingerprinted” icon
4. Select Pennsylvania as the state to be fingerprinted for
5. Enter your location to find the nearest Identogo center. The nearest location to the Rockwood Area School District is:
Community Action Partnership of Somerset
535 East Main Street, Somerset, PA 15501
6. Click “Schedule Appointment”
7. Select “Digital Fingerprinting”
8. Enter the Service Code provided to you by DHS
9. Enter all required information and submit the request

Payment – The applicant will pay a **fee of \$23.25** for the fingerprint service and to secure an unofficial copy of the Criminal History Record. Major credit cards as well as money orders or cashier’s checks payable to Morpho Trust will be accepted at the fingerprinting site. No cash transactions or personal checks are allowed.

Recognizing and Reporting Child Abuse:

Mandated and Permissive Reporting in Pennsylvania

This free three-hour online course provides information on the recognition of child maltreatment, the obligation or opportunity to report child maltreatment, and the procedures for making a report of child maltreatment.

The course is approved for three continuing education credit hours and has been approved by the PA Department of Human Services and Department of State to meet mandated reporting (Act 31) training requirements. Additionally, the course meets credit requirements for Act 126 (child abuse recognition and reporting).

The overall learning objectives are for the participant to:

- ✓ Identify the infrastructure for protecting children from abuse in the Commonwealth of Pennsylvania;
- ✓ Identify the expanded legal definition of Child Abuse according to Pennsylvania's Child Protective Services Law;
- ✓ Recognize potential indicators of child abuse;
- ✓ Determine when to report suspected child abuse;
- ✓ Describe the roles, rights, and responsibilities of mandated and permissive reporters of suspected child abuse;
- ✓ Recognize the process that follows after a report is made;
- ✓ Self-identify as a mandated or permissive reporter; and
- ✓ Follow the process for reporting suspected child abuse.



pennsylvania
DEPARTMENT OF HUMAN SERVICES



University of Pittsburgh,
School of Social Work
The Pennsylvania Child Welfare Resource Center

403 East Winding Hill Road
Mechanicsburg, PA 17055

Phone: 717-795-9048
Fax: 717-795-8013
www.pacwrc.pitt.edu

This training is free of charge and meets Act 31 training requirements, as well as Act 126 requirements. All other licensing-related questions should be referred to your respective board(s). Please note: If you are licensed by more than one board, the Department of State will apply your credit to all relevant boards.

How to Access the Online Training:

1. Go to www.reportabusepa.pitt.edu. (If you have not previously registered, please click the "Registration" link at the top of page).
2. Enter your username and password to log on.

ARREST/CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Other names by which you have been identified: _____

Section 2. Arrest or Conviction

By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

Details of Arrests or Convictions

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

Section 3. Child Abuse

By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature

Date

INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:
 - Chapter 25 (relating to criminal homicide)
 - Section 2702 (relating to aggravated assault)
 - Section 2709.1 (relating to stalking)
 - Section 2901 (relating to kidnapping)
 - Section 2902 (relating to unlawful restraint)
 - Section 2910 (relating to luring a child into a motor vehicle or structure)
 - Section 3121 (relating to rape)
 - Section 3122.1 (relating to statutory sexual assault)
 - Section 3123 (relating to involuntary deviate sexual intercourse)
 - Section 3124.1 (relating to sexual assault)
 - Section 3124.2 (relating to institutional sexual assault)
 - Section 3125 (relating to aggravated indecent assault)
 - Section 3126 (relating to indecent assault)
 - Section 3127 (relating to indecent exposure)
 - Section 3129 (relating to sexual intercourse with animal)
 - Section 4302 (relating to incest)
 - Section 4303 (relating to concealing death of child)
 - Section 4304 (relating to endangering welfare of children)
 - Section 4305 (relating to dealing in infant children)
 - A felony offense under section 5902(b) (relating to prostitution and related offenses)
 - Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
 - Section 6301(a)(1) (relating to corruption of minors)
 - Section 6312 (relating to sexual abuse of children)
 - Section 6318 (relating to unlawful contact with minor)
 - Section 6319 (relating to solicitation of minors to traffic drugs)
 - Section 6320 (relating to sexual exploitation of children)
- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."
- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
 - the United States; or
 - one of its territories or possessions; or
 - another state; or
 - the District of Columbia; or
 - the Commonwealth of Puerto Rico; or
 - a foreign nation; or
 - under a former law of this Commonwealth.

- **A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.



Life is beautiful.

VOLUNTEERS

FREQUENTLY ASKED QUESTIONS

Who needs clearances?

Adults applying for or holding an unpaid position as a volunteer with a child care service, school, program, activity, or service responsible for a child's welfare or having direct volunteer contact with children will need clearances.

Examples of unpaid positions as a volunteer responsible for the welfare of a child or having direct contact with children can include:

- Parent/chaperone at school events
- Girl Scouts/Boy Scouts
- Agency volunteers who help with transportation or other services
- Big Brothers/Big Sisters
- Literacy programs
- Little League/coaches/sports officials
- Church Sunday school teachers, child event coordinators
- Hospital volunteers
- Bible Schools
- Librarians
- Day camps
- School officials/referees

- Employees that supervise minors through an internship, externship, work study, co-operative, or similar program.

What is the definition of child?

For purposes of clearances, a child is an individual under 18 years of age.

How is direct volunteer contact with children defined?

Direct volunteer contact with children is defined in §6303 (relating to definitions) as the care, supervision, guidance or control and routine interaction with children. Routine interaction with children is defined in §6303 as regular and repeated contact that is integral to a person's employment or volunteer responsibilities.

How do I determine which volunteers in my agency or organization needs clearances?

Please review the following four questions to determine if volunteers in your agency/organization will need clearances:

1. Is the volunteer an adult? Only adults (18 years of age or older) require clearances. If the answer to the question is "yes," please move on to the next questions.
2. Is the adult volunteer responsible for the welfare of a child? If the volunteer is acting in lieu of or on behalf of a parent, they will need clearances.
3. Does the adult volunteer have direct contact with children? Consider if the adult volunteer provides care, supervision, guidance or control of children. As the terms above are not defined in statute, we suggest that the common meaning of these terms be used, with child safety serving as the paramount consideration. If it is determined that the adult volunteer provides care, supervision, guidance or control of a child or children, then they will require clearances.
4. Does the adult volunteer have routine interaction with children? With regard to routine interaction,

NOTE: The above list is NOT inclusive of all volunteers



VOLUNTEERS | FREQUENTLY ASKED QUESTIONS

consideration should be given to what the volunteer's role is within the agency or organization. Is their contact with children regular, ongoing contact that is integral to their volunteer responsibilities? If yes, then clearances are required.

Which clearances are needed?

All prospective volunteers must obtain the following clearances:

1. Report of criminal history from the Pennsylvania State Police (PSP); and
2. Child Abuse History Clearance from the Department of Human Services (Child Abuse).

Additionally, a fingerprint based federal criminal history (FBI) submitted through the Pennsylvania State Police or its authorized agent is required if the volunteer has lived outside the Commonwealth of Pennsylvania in the last 10 years.

If the volunteer is not required to obtain an FBI Criminal History clearance, they must swear and affirm in writing that they are not disqualified from service based upon a conviction of an offense under §6344 of the Child Protective Services Law.

When are clearances needed?

All prospective volunteers must submit clearances prior to the commencement of service.

Are employees that supervise minors through an internship, externship, co-operative, work study or similar program required to obtain clearances?

Yes. Employees that supervise minors through an internship, externship, co-operative, work study, or similar program are required to obtain clearances because the supervisor is considered responsible for the child's welfare while participating in the program with the employer.

Are there exceptions to the clearance requirements for minors?

Yes. A minor (ages 14-17) applying for or holding a paid position in which they would be responsible for a child's welfare or have direct contact with children through a program, activity, or service is required to submit only their child abuse and PSP clearances if both of the following apply:

1. The minor employee has been a resident of the commonwealth during the entirety of the previous 10-year period or, if not a resident of Pennsylvania during the entirety of the previous 10-year period, has received an FBI clearance at any time since establishing residency in the commonwealth.
2. The employee and their parent or legal guardian swear or affirm in writing that the minor child/

employee are not disqualified from service under the grounds for denying employment or have not been convicted of an offense similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or foreign nation, or under a former law of this commonwealth.

Have the requirements changed for employees who supervise minors through an internship, externship, co-operative, work study, or similar program?

Yes. Act 54 of 2018 states that employees who participate in an internship, externship, co-operative, work study or similar program with a school, who have identified as the minor's supervisor and the person responsible for the child's welfare are required to obtain the report of criminal history from the Pennsylvania state police and the child abuse clearance from the Department of Human Services — which are now provided free of charge for these employees, as they are considered volunteers under §6344.2(a). The employee is not required to obtain the fingerprint-based criminal history (FBI) unless they have lived outside of the commonwealth in the last 10 years.



VOLUNTEERS | FREQUENTLY ASKED QUESTIONS

What is the renewal requirement for clearances?

All volunteers will be required to obtain clearances every 60 months. Time frames for renewed clearances are based upon the date of each individual clearance. If an individual or agency elected to renew all clearances at the same time, the date of the oldest clearance rather than the most recent would be used.

How do I obtain my clearances?

The Child Abuse, PSP, and FBI clearances can all be applied and paid for electronically. The FBI clearance also requires a fingerprint submission. All necessary instructions and links to apply for these clearances can be found on the "Clearances" page of the KeepKidsSafe.pa.gov website.

Is the use of a third-party vendor to process clearances acceptable?

Third-party vendors may be used to process Child Abuse, PSP, and FBI clearances using the steps established above. They are not permitted to conduct background checks or clearances through other databases in lieu of the steps outlined above. In addition, persons responsible for the selection of volunteers remain responsible for selection decision based upon the information obtained.

How much do clearances cost?

- The PSP clearance is free.
- The Child Abuse clearance is free.
- The FBI clearance costs \$22.60 through the Department of Human Services.
- The FBI clearance costs \$22.60 through the Department of Education.

Who pays for clearances?

The volunteer is responsible for paying the cost of the required clearances. However, some agencies choose to pay for clearances for their volunteers and are able to establish business accounts to pay for clearances. The only time an agency is required to bear the cost of the clearance is when there is reasonable belief that the volunteer was arrested or convicted of an offense that would deny participation or named as a perpetrator in an indicated or founded report. In these situations, the agency must immediately require the volunteer to obtain their clearances.

Can an agency or organization pay for clearances?

Child Abuse clearances

Yes. Agencies and businesses can pay for child abuse history clearances by registering for a Business Partner user account using the "Organization Account Access"

link on the Child Welfare Portal, (www.compass.state.pa.us/cwis/public/home). The business account will allow organizations to purchase Child Abuse clearance payment codes to be distributed to applicants or employees. Individual applicants or employees will then go onto the Child Welfare Portal to apply for the clearance using the code. The pre-purchased codes can only be used once and allows the organization to have access to the applicant's Child Abuse clearance results once those results are processed.

FBI clearances

An agency pay agreement/business account can also be created between an organization and the FBI, or its authorized agent, for payment of FBI clearances. Information on creating an agency pay agreement for FBI clearances through the Department of Human Services can be found on the "Clearances" page of the KeepKidsSafe.pa.gov website.

PSP clearances

An agency business account can be requested from the Pennsylvania State Police to pay for clearances in bulk by calling 1-888-783-7972 and selecting Option 3. Organizations are also able to pay an for applicant's PSP clearance on an individual basis by using a credit card if applying online or submitting a paper check if applying by mail.



VOLUNTEERS | FREQUENTLY ASKED QUESTIONS

Do I still need to submit a copy of my PSP or FBI clearance results when applying for my child abuse clearance?

Volunteers are no longer required to submit a copy of their PSP or FBI clearances with their Child Abuse application. If the department receives copies attached to the child abuse application, those copies will not be returned and will be shredded due to the confidential nature of the information contained on the clearances.

Are there other requirements?

If a volunteer is arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service, or is named as a perpetrator in a founded or indicated report, the volunteer must provide the administrator or their designee with written notice not later than 72 hours after the arrest, conviction or notification that the person has been listed as a perpetrator in the statewide database.

A volunteer who willfully fails to disclose information as required above commits a misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of a volunteer position.

What is the out of state provisional clearance requirement for volunteers?

Individuals who reside in another state or country may serve as a volunteer for no more than 30 days in a calendar year, as long as they provide clearances from their state or country of residence. If the individual will be volunteering for more than 30 days in a calendar year, they must obtain clearances as outlined in this FAQ under "Which clearances are needed." Volunteers who reside in Pennsylvania do not have a provisional period and must obtain mandated clearances for Pennsylvania.

Is the person responsible for acceptance of volunteers required to keep a copy of my clearances?

Yes, pursuant to § 6344 (b.1), the employer, administrator, supervisor or other person responsible for employment decisions or acceptance of the individual to serve in any capacity requiring clearances, shall maintain copies of the required information.

Agencies are reminded that the Child Abuse clearance information is confidential and may not be released to other individuals.

Can an agency or organization institute additional standards?

Yes, nothing prohibits the employer or person responsible for a program, activity or service from making employment, discipline or termination decisions or establishing additional standards as part of the hiring or selection process for employees or volunteers.

Can my clearances be transferred?

Yes, any person who obtained their clearances within the previous 60 months may serve in a volunteer capacity for any program, activity or service. Clearances obtained for volunteer purposes may not be used for employment.

As a volunteer, do I obtain my Federal Bureau of Investigation Criminal History check through the Department of Education or the Department of Human Services?

The agency under which an applicant should submit their FBI clearance application is based on the agency or organization for which they intend to volunteer. If the applicant intends to volunteer in a school or at a school related function, they would apply



VOLUNTEERS | FREQUENTLY ASKED QUESTIONS

for their FBI clearance through the Department of Education. If the applicant intends to volunteer with children in any other capacity outside of a school setting or function, such as a group home for children, in a church, as a Little League or soccer coach, etc., they would apply for their FBI clearance through the Department of Human Services.

We are an agency located outside of Pennsylvania but have volunteers providing services within Pennsylvania. What are the clearance requirements?

If approved by the person responsible for the selection of volunteers are permitted to serve on a provisional basis for no more than 30 days in a calendar year. However, this is only permitted if that volunteer is in compliance with the clearance standards of the jurisdiction in which they live and they provide documentation of this. If the volunteer's service will exceed 30 days within a calendar year then volunteers are required to obtain all three Pennsylvania mandated clearances.

We are an adult, volunteer agency who sometimes has children attend or the children ask to participate in the organization's activities. What are the clearance requirements?

Allowing children to join an adult volunteer organization requires members to obtain clearances if those members would have direct contact with children.

It is recommended that you also review the other section of this FAQ titled, "Who needs clearances?" for additional information.

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