



ELIZABETHTOWN AREA SCHOOL DISTRICT

VOLUNTEER REGISTRATION CHECKLIST

Please use the checklist below to ensure you submit all required forms to the District Office.

- _____ Volunteer Registration Form
- _____ PA State Police Criminal History Clearance
- _____ PA Child Abuse History Clearance
- _____ FBI Fingerprint Clearance, if needed
- _____ Disclosure Statement Application for Volunteers
- _____ Act 24 Arrest/Conviction Report and Certification Form
- _____ Acknowledgement of Volunteer Responsibilities (FERPA)
- _____ Volunteer Acknowledgment of Policies Form
- _____ TB Test form confirming negative result (dated no more than 90 days prior to submission of packet)
- _____ Volunteer Emergency Contact Form
- _____ Voluntary Confidentiality Agreement
- _____ Acknowledgement of Receipt and Review of EASD Volunteer Guidelines
- _____ Driver's License – brought to District Office to be verified and copied.
- _____ Athletic Volunteers – you will be required to complete Mandated Reporter (Child Abuse) Training (Act 126).
- _____ S.E.R.V.E.S Volunteers
 - IRS W-4 Form (obtain at District Office)
 - Copy of Social Security Card

ADDITIONAL INFO:

- Clearances are valid for 5 years from issue date, and will be reviewed and approved by HR.
- Act 24 is valid for 12 months.
- Keep a copy of your clearances so you can renew them timely.
- You will be notified via email when you have been approved.

Volunteer Signature: _____ Date: _____

For more information including links to renew clearances, visit our website.



Elizabethtown Area School District

600 East High Street. Elizabethtown, PA. 17022 – Phone: 717-367-1521 – Fax: 717-367-1920
www.etownschools.org

Volunteer Registration Form

Volunteer Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____ S.E.R.V.E.S. _____ (y/n)

Volunteer Interests

(include specific activities or sports and any specific skills you would like to contribute to the district)

Student's Name and School or Schools/Departments

Please list the student's name/school/grade and/or departments where you would like to volunteer:

_____	_____
_____	_____
_____	_____
_____	_____

Authorization and Acknowledgement

I hereby give The Elizabethtown Area School District the right to review any and all clearances required by Pennsylvania law and District Policy. The Elizabethtown Area School District may use the information for the purpose of evaluating my fitness to volunteer with children and students and may report the information as permitted by law.

I understand that failure to accurately report required information (including omissions) shall subject me to discipline, up to and including denial of volunteer opportunities, and may subject me to civil and criminal penalties.

Applicant's Signature: _____ **Date:** _____



VOLUNTEER - OBTAINING CLEARANCES

PA State Police Criminal History Clearance - <https://epatch.pa.gov/home>

- New Volunteer Record Check, Agree to the Terms
- Enter your information, Next
- Verify your information, Proceed
- Enter your information, Submit this request
- Submit
- Click on Control #, then click on Certification Form and print the form

PA Child Abuse History Clearance - <https://www.compass.state.pa.us/cwis/public/home>

- Create Individual Account
- Create Keystone ID, Next
- Complete Profile Information to create a username
- COMPASS will e-mail a temporary password
- Return to the website and login using your username and temporary password
- Create and remember your own password
- To request clearances on COMPASS:
 - Go to the website and click on Individual Login
 - Access My Clearances, read Disclosure of Personal Information
 - Scroll to the bottom of the page and select 'Continue' on the right-hand side of the page
 - Log in using username and password
 - Select 'Create Clearance Application', read the information on the 'Getting Started' page
 - Select 'Begin' at the bottom right of the page
 - Select 'Volunteer - Having Contact with Children'
 - Volunteer Category – Other
 - Agency Name – Elizabethtown Area School District, Next
 - Complete and submit application

The Federal Criminal History Report

- Volunteers who are in an unpaid position and have been a continuous resident of Pennsylvania for the past 10 years are not required to obtain the FBI certification. Volunteers who **meet** this classification, must swear or affirm in writing by signing the **Disclosure Statement Application for Volunteers**, included in this packet.
- Volunteers who **do not meet** this classification, must complete the fingerprinting process.
 - You can register for an appointment to be fingerprinted two ways:
 - Online: go to www.identogo.com
 - Phone: Call 1-844-321-2101 and listen to the options menu.
- When registering, provide this DHS service code: **1KG6ZJ**
- Volunteers are required to pay for fingerprinting at the time of service.
- Be prepared to present one of the identification documents when arriving for your appointment.
- DHS applicants will receive electronic results if there is NO record.
- Applicants will be asked for an email address and to create a security question and answer. Shortly after the fingerprints have been taken and a result is provided, the applicant will receive an email.
- Applicants will access the results, download, save and print the results. Provide these results to the EASD with the completed volunteer packet.

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 certification through the Federal Bureau of Investigation (FBI), 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 understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below 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 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 2709.1	(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 swear/affirm that 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 certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications 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 certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

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 certifications.

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: _____

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:

<ul style="list-style-type: none"> ▪ 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) 	<ul style="list-style-type: none"> ▪ 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)
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- (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.

What is FERPA?

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects personally identifiable information (PII) in students' education records from unauthorized disclosure. It affords parents the right to have access to their children's education records, the right to seek to have the records amended, and the right for parents and eligible students to have some control over the disclosure of PII from education records.

FERPA includes provisions allowing students' PII from education records to be disclosed without the prior written consent of parents, if the disclosure meets the criteria for one of the permitted consent exceptions.

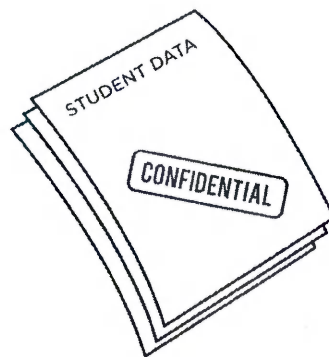
The school official exception allows educational agencies to share PII from education records without consent with contractors, consultants, volunteers, or other parties to whom an agency or institution has outsourced institutional services or functions, as long as certain additional requirements are met.

The FERPA statute is codified at 20 U.S.C. § 1232g, and the FERPA regulations are found at 34 CFR Part 99.

Who can I contact for more information?

Please contact the building Principal at your school:

- Bainbridge Elementary School
Grades K-2
717-426-4203
- East High Elementary School
Grades K-2
717-361-0099
- Bear Creek School
Grades 3-5
717-367-0210
- Elizabethtown Area Middle School
Grades 6-8
717-361-7525
- Elizabethtown Area High School
Grades 9-12
717-367-1533



Acknowledgement of Volunteer Responsibilities under the Family Educational Rights and Privacy Act (FERPA)

This document is intended for Local Education Agencies (LEAs) and schools to give to their volunteers to inform them about their responsibilities to protect students' personally identifiable information from education records acquired under FERPA's school official exception. For more information about FERPA, please visit <https://studentprivacy.ed.gov>.



Introduction

You have volunteered or plan to volunteer for the Elizabethtown Areas School District to perform services that require you to access and use personally identifiable information (PII) from students' education records. Your access and use of the PII is governed by the Family Educational Rights and Privacy Act (FERPA).

FERPA requires the school or school district to maintain "direct control" over your use and maintenance of students' education records and to use reasonable methods to ensure that you obtain access to only those education records in which you have an educational interest.

If you have any questions about information in this document, they should be directed to the building Principal.



What should I do to protect student PII from education records under FERPA?

It's important that you take the following steps to protect student privacy:

- *Do not disclose the PII to another party* (except back to the School or District). The PII must not be shared with unauthorized users, and it must be protected from inadvertent disclosure due to careless handling.
- *Do not use the PII for other purposes.* The PII has been provided only for you to perform the volunteer service for which the school provided you the information. It should not be used for other purposes.
- *Do not keep the PII after you complete your volunteer service.* Destroy or return the PII to the school or district after completion of the service that you provided.

The undersigned acknowledges that he or she has read, understands, and will uphold all responsibilities as outlined in *Acknowledgement of Volunteer Responsibilities under FERPA*.

(Print name)

Elizabethtown Area School District
(Name of school or school district)

(Signature)

(Date)





ELIZABETHTOWN AREA SCHOOL DISTRICT

VOLUNTEER ACKNOWLEDGEMENT OF POLICIES FORM

The following policies are to be followed by any person who volunteers with the Elizabethtown Area School District.

To access the policies:

- Please visit the EASD website at etownschools.org
- Click on the "School Board" tab.
- Click on "Board Policies".
- Click on "800 – Operations" for the below policies:
 - Board Policy #806 – Child Abuse
 - Board Policy #824 – Maintaining Professional Adult/Student Boundaries
- Click on "900 – Community" for the below policies:
 - Board Policy #907 – School Visitors
 - Board Policy #916 – Volunteers
 - Board Policy #917 – Parental/Family Involvement

I have read, understand, and agree to comply with all provisions listed above.

Name (Print): _____ Date: _____

Signature: _____



ELIZABETHTOWN AREA SCHOOL DISTRICT

VOLUNTEER - OBTAINING TUBERCULOSIS TEST & RESULTS

Tuberculosis testing may be completed by scheduling an appointment with your family physician or by visiting the following testing location. If visiting the LGH Health Express location, you will incur an out-of-pocket expense.

TB testing will require two appointments. On your first visit you will receive the TB injection and will then return to the location 2-3 days later to have the test read by a clinician. When you are at your first appointment, the second appointment will be scheduled. Tuberculosis test must be dated within 90 days of becoming a volunteer.

Lancaster General Health Express Location
Giant Food Store
1605 Lititz Pike
Lancaster, PA 17601

Please call (717) 735-3995 to schedule an appointment and confirm hours.

Visit <http://www.lghealthexpress.org/Home.aspx> for other information.



ELIZABETHTOWN AREA SCHOOL DISTRICT

VOLUNTEER EMERGENCY INFORMATION

Date: _____ Birth Date: _____

Name: _____ Bldg/Dept: _____

Address: _____

Position: _____

Physician Name/Phone #: _____

Health Problems/Allergies/Medications/Etc. we should know about:

Person to Call in Emergency: _____ Relationship: _____

Emergency Contact Phone: 1. _____ 2. _____

Hospital Choice: _____

Ambulance Choice: _____

In the event that I need emergency treatment requiring ambulance service and/or medical care, you have my permission to seek help as listed above or the nearest MD/DO or ambulance/hospital available. I will assume responsibility for fees incurred by such an emergency. My medical insurance, if applicable _____.

(Medical Insurance Provider)

ELIZABETHTOWN AREA SCHOOL DISTRICT

Volunteer Confidentiality Agreement

I understand that as a volunteer in the Elizabethtown Area School District, all student and staff information is confidential. I agree that I shall not access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I understand that any breach of these confidentiality requirements will result in the revocation of my status as a volunteer for the EASD.

It is important that I know that all information regarding students, their medical history, grades, discipline records, interactions with peers and teachers may be part of a student record and are thus protected by a Federal Law known as the Family Educational Rights and Privacy Act (FERPA).

I understand that I must comply with all Elizabethtown Area School District policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer. I have read the volunteer policy #916, located on the District website, and I understand I must comply with all requirements included in the policy in order to continue volunteering for the District. I further understand that the permission to serve as a volunteer may be revoked at the discretion of the Superintendent and school principal at any time if they determine that the revocation is in the best interests of the school or the students. I have read, understand, and agree to the information presented above:

Printed Name:	
Address:	
Phone:	
Email:	

Signature: _____ Date: _____

Please select where you will volunteer:

_____ Athletics _____ Bear Creek _____ Bainbridge Elementary
_____ Middle School _____ East High Elementary _____ High School



ELIZABETHTOWN AREA SCHOOL DISTRICT

Acknowledgment of Receipt and Review of Elizabethtown Area School District Volunteer Guidelines

I, _____ (volunteer name), acknowledge that
on _____ (date), I received and read a copy of the Elizabethtown Area
School District Volunteer Guidelines and understand that it is my responsibility to be familiar
with and abide by its terms. This procedure is not promissory and does not set terms or
conditions of employment or create an employment contract.

Employee's Signature

Employee's Printed Name

[Date]



Elizabethtown Area School District

Volunteer Guidelines

What You Need to Know to Be a Volunteer

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Welcome

Welcome to Elizabethtown Area School District and thank you for your willingness to be a volunteer. It is our hope that you will feel the value of being involved with our schools and with our students through your participation in our programs. The time you give to our district is appreciated and helps make this a great place to be.

Why Volunteers Are Important

The many programs that are available to our students often depend on volunteers to help make them successful. Being a volunteer connects our community to the students and provides opportunities for students to strengthen skills and experiences because of your involvement. As a volunteer you can be a role model who continues to develop the academic excellence in our students and enhance their educational experience at Elizabethtown Area.

Definition of a Volunteer

Volunteer - an adult, whose role is more than that of a visitor, who voluntarily offers a service to the district without receiving compensation from the district. A volunteer is not a school employee.

The classifications of volunteers are:

- **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 advisor, 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.

WHAT I NEED TO KNOW TO BE A VOLUNTEER

EASD School Board Policy 916

EASD School Board Policy 916 describes in more detail the guidelines outlined in this document. You will need to become familiar with the definitions and policy of being a district volunteer. Policy 916 is available on the district website.

- Click on the **School Board** tab
- Click on **Board Policies**
- Locate Policy 916 under **900 - Community**

Necessary Clearances To Be A Volunteer

Thank you for choosing to be a volunteer in our district! Per School Board Policy 916, the Elizabethtown Area School District requires **ALL** volunteers to provide the standard clearances, dated within the last year. Please see the “Volunteer - Obtaining Clearances” form in the Appendix.

Please note: The individual applying for clearances must bring in their own clearances. We cannot accept clearances from a spouse. **Office hours are listed on our website.** *If you have specific questions about volunteer clearance procedures, please contact: **Human Resources at hr@etownschools.org***

Affidavit For Pennsylvania Residents

This form is for persons who have been residents of the Commonwealth of Pennsylvania during the entirety of the previous 10-year period and who are applying to serve as volunteers in the schools of the Elizabethtown Area School District. Applicants must provide the Elizabethtown Area School District with the completed PA Residency Affidavit prior to volunteering. A Pennsylvania residency form is also included in the Appendix of this packet.

TB Test

Volunteers may have direct contact with students and as a volunteer you must provide Tuberculosis skin test documentation. Please see your physician for this documentation.

****All clearances and personal information is kept confidential and is maintained by the
EASD Human Resources Department****

EXPECTATIONS FOR VOLUNTEERS

Confidentiality As A Volunteer

Confidentiality is a critical component to being a volunteer in the schools or as a coach. You will hear student conversations, see interactions among students in the classroom, and trust, as a volunteer, will develop. There is an expectation of confidentiality and privacy of information when working as a volunteer with students. Information that students may share with you about their personal or private lives is confidential and is not to be shared. If you hear information that may be considered a threat, or a concern regarding a student's well-being, please talk to the teacher, principal, coach, or supervisor. All volunteers must read and sign a EASD Confidentiality Agreement before starting as a volunteer.

Student Code of Conduct

Every school has a Student Code of Conduct that is followed by the students and the school. Please be aware of the building procedures where you volunteer. The building office staff can direct you to this resource so you can familiarize yourself with the student and school expectations.

Interactions With Students

As a volunteer working with our students and athletes, you will be viewed as a role model. Your interactions should be friendly, cooperative, and positive. We want you to treat the students with dignity, respect, and courtesy. Show interest in what the students are doing, be encouraging, and smile! Enjoy the time you are giving as a volunteer.

Do not share personal information with the students such as your address, phone number, or email address. Please refrain from asking to join a student's personal social media or having a student be part of your personal social media. Do not ask for personal information from the students.

You will be working and volunteering among students with many differing beliefs that may be different than you own. It is important that you do not interject your own beliefs or point out to others why their beliefs may be wrong or inappropriate.

Remember, as the students will be watching and learning from you, you will also learn from them!

For the safety of all involved, it is asked as a volunteer that you never be left alone with a student.

Verbal Communications With Students

You may be interacting and talking with individual students, or at times, groups. You will be seen as the adult and as the role model so what you say and how you say it, matters; they will repeat what you say! Use respectful, uplifting, and appropriate language in the school and on the field.

Your Role With Student Conduct

There may be a time where you will observe students being disrespectful or disruptive. It may be appropriate to interact, however, how you interact and to what level should be discussed with the classroom teacher, coach, or supervisor. As a volunteer, you should not be disciplining or giving consequences to students. If you observe or witness behavior that is not appropriate or is not safe, it is asked that you bring it to the attention of the teacher or coach. As always, the observations and interactions you have with students and their behavior should not be discussed with anyone other than those who you report to as a volunteer.

Reporting Suspected Abuse

Students may open up and share personal information with you. If a student shares information with you that involves their physical or emotional safety, and you are unsure as to what to do with the information or how to respond, **bring it to the teacher's or coach's attention immediately**. School personnel will follow through with any necessary discussion or contact.

*****If you are an athletics volunteer you will be required to complete
Mandated Reporter (Child Abuse) Training (Act 126).*****

Interactions With Teachers and Staff

You will not only be among students, but you will have daily interactions with the adults working in the schools. The staff and personnel are appreciative of your willingness to volunteer. Introduce yourself to those who may not know you so they can learn your name and understand where and how you are volunteering. Treat the staff and other adults with the kindness and respect that you also desire. If you have a concern with something you have seen or heard, please address it respectfully with that person individually; not in the presence of students.

During your visit as a volunteer to a school, please be mindful that this is not the time to have a parent-teacher conference or to discuss other matters concerning your child. Please schedule a time with your child's teacher so he or she can give you time to appropriately address your situation.

During your visit to a school, you are asked to remain in the area where you are volunteering. It is asked that you do not visit your child's classroom unless that is where you are volunteering.

During your time volunteering, there may be emergency safety drills or an actual emergency. The students practice fire drills, lockdown drills, and severe weather drills. If you are volunteering during the time a drill or emergency occurs, follow the lead of the teacher and students. Ask the teacher, coach, or supervisor as to what emergency drills you need to be familiar with and what protocols to follow to ensure your safety prior to volunteering so that you feel prepared for the unexpected emergency.

Tobacco Products

Please be aware that tobacco products are not permitted in our buildings, on fields, or the campuses.

Younger Siblings And Toddlers

During your time as a volunteer you will be dedicating your time to assisting and mentoring others. We love children, and look forward to having the younger siblings someday soon enter our schools. We ask that you make arrangements for your younger children that are not yet in school unless the volunteering opportunity you are participating in allows it or it has been discussed with the teacher, coach, or supervisor prior to your visit.

Cell Phones and Posting Social Media

During your time as a volunteer you will see students engaged in many interesting and exciting activities. We ask you to please refrain from posting pictures of other students, or revealing personal information (including names) of students on social media. Please be aware that some parents have asked that their child not be photographed and not to have pictures placed online or in media outlets.

During your time in the classroom, please have your phone on silent so as not to disrupt a lesson. If you must take a call, please be considerate and exit the classroom to have a phone conversation.

Doors And Entrances

We want to provide a safe and secure environment for our students and staff while they are in school. It is imperative that you do not open a door for someone to enter the building or prop a building door open. Everyone entering and leaving the building should go through the office.

No Solicitation

Students in our schools are a captive audience. Please refrain from engaging the students in any type of solicitation.

Transportation of Students

At no time should you be personally transporting students to and from an activity in your own vehicle. If there is a student that has missed a bus or does not have a way home from an activity, contact the school office, coach, or supervisor. This is to assure the safety of you and the student.

Appropriate Dress

Please dress appropriately according to the type of volunteer service you will be involved with during your time at school. Please check with the teacher, the principal, coach, or supervisor if you have questions regarding what to wear for your volunteer experience.

*****All volunteers must adhere to EASD policies, guidelines, and procedures. It will be the discretion of the principal or supervisor to remove a volunteer should violations or disruption occur.*****

YOUR FIRST DAY AS A VOLUNTEER

Parking

Parking may be limited at certain buildings so it is recommended that prior to your first day as a volunteer, give the school office a call to verify where the best place is to park.

Meeting the Office Staff

Once you are cleared to be a volunteer, introduce yourself to the office staff. Do not be offended if you are asked to show identification, as it is a precautionary measure to assure the safety of all in the building. The office staff will be more than willing to direct you where you need to go and answer questions you may have.

Signing-In And Signing-Out

When you come into the building and office area, you will be asked to sign-in with your driver's license at the volunteer/visitor kiosk located in the lobby. You will be issued a volunteer badge from the kiosk to wear while in the building. When you are done with your volunteer time, please exit through the office area and sign-out on the same volunteer/visitor kiosk.

District And School Procedures

As a volunteer you are responsible for being aware of the EASD School Board policies and the procedures and guidelines of the school where you are volunteering. District policies are available online at www.etownschoools.org. Individual schools will have their student handbooks posted online as well.

If You Have A Question

We want you to feel comfortable in your position as a volunteer. If at any time you are unsure of something, need clarification, or have a question, please do not hesitate to ask. You may ask the front office, the teacher, the coach, the principal, or the supervisor where you are volunteering. We welcome your questions and want you to have a valued experience volunteering.

If you have specific questions regarding the volunteer clearance or process, please call Human Resources located in our EASD District Office at (717) 367-1521.

And Remember...

- Enjoy your time with the students.
- Get to know the names of the students and the staff you will be working with.
- Remember to smile!
- Know that the time you are giving as a volunteer is appreciated!