



Bermudian Springs School District

www.bermudian.org

7335 Carlisle Pike
York Springs, PA 17372-8807
717-528-4113 or 717-624-4231

Brad D. Sterner, Ed. D., Superintendent

Shannon L. Myers, Ed. D., Assistant Superintendent

Dear Volunteer,

Thank you for expressing interest in volunteering in the Bermudian Springs School District. Your time is greatly appreciated, and we will do our best to ensure that it is utilized to the fullest.

ALL COMPLETED FORMS MUST BE TURNED INTO THE SCHOOL OFFICE FOR PROCESSING two weeks BEFORE THE VOLUNTEERING EVENT.

The following are background check requirements for BSSD:

- ❖ **VOLUNTEER DISCLOSURE SHEET** – Please complete the information sheet so that we have your contact information and your areas of interest.
- ❖ **EMERGENCY INFORMATION SHEET** – Please complete the emergency contact information in the event of an emergency.
- ❖ **CHILD ABUSE CLEARANCE** – Please see the attached directions.
- ❖ **CRIMINAL CLEARANCE** – Please see the attached directions.
- ❖ **FBI FINGERPRINTING** – Please see the attached directions.
Please Note: For Volunteers Only – If you have continuously resided in Pennsylvania for 10 years and swear that you have never been convicted of a disqualifying crime in Pennsylvania, or the corresponding offenses under the laws of any other jurisdiction, then you will be exempt from doing the FBI Fingerprinting for volunteer purposes. To be exempt, you must sign the attached Volunteer Verification form that is included with this packet.
- ❖ **VALID DRIVER'S LICENSE**- A valid Driver's license must be scanned into the School Visitor Management System *two weeks* before the date of the volunteering event. *An expired license will not be accepted.*
- ❖ **TB TEST** – **A negative TB test is required** to volunteer for Bermudian Springs School District

Once your application packet is completed, turned into the school office, and approved by the principal, your name will be placed on the eligible volunteer listing for the district.

******New regulations require all volunteers to obtain new clearances every 60 months (five years).**

Again, thank you for volunteering and we hope that you will find the opportunity rewarding.

Sincerely,

Bermudian Springs School District.



BERMUDIAN SPRINGS SCHOOL DISTRICT

VOLUNTEER DISCLOSURE SHEET

In accordance with Policy 916, all volunteers must have a disclosure on file with the district.

Name: _____ Phone (H): _____

Address: _____ Phone (C): _____

Email: _____

Are you a parent/guardian of a current BSSD student? Yes or No

Student's name: _____ School: __ES __MS __HS

Student's name: _____ School: __ES __MS __HS

Student's name: _____ School: __ES __MS __HS

I AM A CURRENT EMPLOYEE OF BSSD: __ES __MS __HS __COACH __DISTRICT

Areas of Volunteer Interest: *(please check all that apply)*

___Chaperone ___Classroom/Building ___Coach

___Other (Please describe: _____)

Name of employee/teacher you will be working with (if applicable): _____

Building Administrator Signature: _____ Date: _____

As a school volunteer, you may become aware of information about a student and their family which is confidential. This can include grades, performance, skill levels, and other information shared in the classroom. It is imperative that this information remain strictly confidential. Discuss student behavior and/or progress **ONLY** with the teacher.

___I agree that confidentiality of student information is critical and I shall protect such information should I become aware of it.

___I have received and reviewed a copy of the Bermudian Springs School District Volunteer Policy. I understand the procedures and responsibilities as a volunteer and I agree to abide by them.

Volunteer Signature: _____ Date: _____

TO BE COMPLETED BY PERSONNEL OFFICE

___Act 34 _____ ___FBI Fingerprinting_____

___Act 151 _____ ___TB Test Results_____

___Driver's License scanned

___File Complete _____ Date _____

BERMUDIAN SPRINGS SCHOOL DISTRICT

EMERGENCY INFORMATION SHEET

Name: _____ Birth Date: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

Physician Preference: _____ Physician Phone: _____

Special Health Problems/Allergies/Medications we should know about (i.e. bee stings, diabetes, etc.): _____

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 nearest MD/DO or ambulance/hospital available. I will assume responsibility for fees incurred by such an emergency (via my medical insurance if applicable).

Volunteer Signature: _____ **Date:** _____

BERMUDIAN SPRINGS SCHOOL DISTRICT

VOLUNTEER VERIFICATION
for exemption from FBI Federal Criminal History Clearance

The Child Protective Services Law requires all volunteers to complete three clearances, including the FBI Federal Criminal History Clearance. However, the Law includes a limited exception which exempts a prospective volunteer from the FBI clearances if both of the following conditions apply: (1) the prospective volunteer has been a resident of Pennsylvania during the entirety of the previous ten-year period; and (2) the prospective volunteer swears or affirms in writing that he/she is not disqualified from service by reason of criminal history. If you have lived outside Pennsylvania at any point during the prior ten (10) years, you are not eligible for the exemption and this Verification form does not apply to you. If properly completed, this Verification form will excuse eligible volunteers from the FBI Federal Criminal History Clearance.

Please read the statements below. If the statements are true and apply to you, please sign and date the Verification at the bottom. If you have any questions about this Verification or your eligibility, you must contact the District before submitting the Form.

- ❖ I swear and affirm that I have been a resident of Pennsylvania during the entirety of the previous ten-year period.
- ❖ I swear and affirm that:
 1. I have never been names in the Statewide database as the perpetrator of a founded report of child abuse committed within the last five (5) years.
 2. I have never been arrested or convicted of the following offenses under the Pennsylvania Crimes Code or an equivalent crime 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).
 The attempt, solicitation or conspiracy to commit any of the offenses set forth above.
 A felony offense under the Controlled Substance, Drug, Devise and Cosmetic Act, committed within the five-year period immediately preceding verification.

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).
 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 (relating to corruption of minors).
 Section 6312 (relating to sexual abuse of children).

I make this statement and submit this Verification under penalty of perjury as more fully set forth in 18 Pa. C.S. § 4904.

Volunteer Signature: _____ Date: _____



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Shane D. Hotchkiss, Ed.D., Superintendent

Shannon L. Myers, Ed.D., Assistant Superintendent

CLEARANCE INSTRUCTIONS

All Employees, Substitutes, and Volunteers of the Bermudian Springs School District must obtain a PA State Police Criminal Record Check, a PA Child Abuse History Clearance, and an FBI Federal Criminal History Clearance (fingerprint background check) prior to working in the District. As of January 1, 2015, all employees of the Bermudian Springs School District must obtain new clearances every five years.

Below are the detailed instructions for obtaining the three (3) required clearances:

1.) **Act 34 – PA State Police Criminal Record Check**

For Volunteers Only – This clearance is free for volunteers, but the free version cannot be used for employment purposes.

Go to <https://epatch.pa.gov/home> You will need a credit card for the \$22.00 fee. Verification will be obtained immediately.

2.) **Act 151 – PA Child Abuse History Clearance**

****UPDATED****

For Volunteers Only – This clearance is free for volunteers, but the free version cannot be used for employment purposes.

Go to <https://www.compass.state.pa.us/CWIS>. You will need to create an individual account first. After creating your account, you will receive an email with your password. You will need this password to login to the website and complete the clearance application.

Please be sure to select the appropriate type of clearance for education institutions (School Employment). You will need a credit card for the \$13.00 fee. Verification can take up to 14 days and applicants can choose to receive notification via email, mailed to their home address, or both.

3.) **Act 114 – FBI Federal Criminal History Clearance (Fingerprinting)**

****UPDATED****

For Volunteers Only – If you have continuously resided in Pennsylvania for 10 years and swear that you have never been convicted of a disqualifying crime in Pennsylvania, or the corresponding offenses under the laws of any other jurisdiction, then you will be exempt from doing the FBI Fingerprinting for volunteer purposes.

Applicants must register online at <https://uenroll.identogo.com> by entering Service Code 1KG6XN on the first screen. If you have any difficulties while registering online, you may call 1-844-321-2101 Monday through Friday from 8 am to 6 pm EST.

There is a fee of \$26.20 for the fingerprint clearance. Payment online is not permitted. Credit cards, money orders, or cashier's checks payable to Morpho Trust will be accepted at the fingerprint site. Cash or personal checks will not be accepted.

Applicants should either print the Universal Enrollment ID (UEID) or record the number in a safe place.

Once registered, you need to have your fingerprints taken at the site of your choice. Please check the website for the authorized locations and hours. Appointments are not required, but walk-ins will be processed on a first come, first serve basis.

Applicants must provide proof of identity upon arrival at the fingerprint site. Please check the website for acceptable forms of identification.

After being fingerprinted, applicants must provide the BSSD with the Universal Enrollment ID (UEID). The BSSD will then obtain the original clearance via the website. You will receive an unofficial copy of your report by mail. This is for your records.

More detailed information may be found at <https://uenroll.identogo.com>.



SECTION: COMMUNITY

TITLE: VOLUNTEERS

ADOPTED: March 14, 2006

REVISED: June 14, 2016

BERMUDIAN SPRINGS SCHOOL DISTRICT

916. VOLUNTEERS	
1. Purpose	The Board recognizes that community volunteers can make valuable contributions to the educational, athletic, and extracurricular program. The use of community volunteers is endorsed and encouraged by the Board, subject to legal requirements and administrative procedures.
2. Authority	<p>The Board authorizes the selection and use of parents/guardians, community members, and others as volunteers to assist and supplement regular district staff.</p> <p>Under no circumstances shall a volunteer be considered an employee of the district. A volunteer shall receive no wages or other valuable consideration for the performance of volunteer services. The volunteer position is not a right, but rather a privilege conferred by the Board and administration. As such, any volunteer position may be eliminated at any time for any reason or no reason. Also, any volunteer may be removed from a volunteer position for any reason or no reason.</p>
3. Definitions	<p>Assistive Volunteer – any individual who voluntarily provides services to the school district, without compensation, and who: 1) works directly under the supervision and direction of a teacher or administrator employed by the district (therefore never has unsupervised contact with children); and 2) does not provide direct services to students, as defined as “the care, supervision, guidance or control of children or routine interaction with children.” Examples of assistive volunteers include, but are not limited to: homeroom parents/guardians, individuals who volunteer to assist in the planning or conducting of classroom celebrations, concert/performance ushers, and individuals, who help manage, officiate or perform functions ancillary to an athletic event or extracurricular activities.</p> <p>Independent Volunteer/Coach – An adult individual in an uncompensated position with a program, activity or service who is individually responsible for the welfare of one or more children and has direct contact with children. Direct contact is defined as “the care, supervision, guidance or control of children or routine interaction with children.” Examples of independent volunteers include, but are not limited to: volunteer tutors, volunteer sports coaches and individuals who volunteer to provide</p>

Qualifications for any position to be filled by a volunteer shall be determined by the principal or a designee.

Independent Volunteers/Coaches must provide the following to the human resource department:

1. A completed volunteer School Volunteer Disclosure Statement (Form 916) and the Emergency Information Sheet;
2. Negative tuberculosis test results;
3. A current (less than 5 years old) Act 34 (Criminal Background Check)\ Pennsylvania State Police Criminal Record Clearance.
4. A current (less than 5 years old) Act 151 (Child Abuse History) Pennsylvania Child Abuse History Clearance.

A current (less than 5 years old) Federal Bureau of Investigation Criminal History Clearance, which is not required if the volunteer has been a resident of PA for the entirety of the previous 10 years and completes a volunteer verification form; The cost to procure the State Police Criminal Record Check, the Child Abuse History Clearance Check, and the Federal Bureau of Investigation Criminal Background Check, shall be the responsibility of the volunteer candidate. The District will pay for the tuberculosis test if requested.

There is no cost to the volunteer for the State Police Criminal Record Check or the Child Abuse History Clearance. However, the cost to procure the Federal Bureau of Investigation Criminal Background Check shall be the responsibility of the volunteer candidate.

Volunteers who have applied for the Act 34/151/FBI clearances, as well as the TB test, and are awaiting the results of those applications, may be assigned to work within sight of a professional employee at all times, for up to 30 calendar days, providing they sign the "School Volunteer Disclosure Statement."

A volunteer will exhibit interest in the educational program, enjoyment in helping children, and a sincere belief that by volunteering, a contribution will be made to the learning process.

4. Delegation of Responsibility

1. Professional staff in each building that use volunteers in any capacity will be responsible for orienting the volunteers to perform the specific duties associated with their assignments.
2. The building administrator or designee will assume general authority and responsibility over all volunteers serving at the site.
3. Volunteers will meet any standards that may be established by federal, state, or local government, or by the Board or administration, from time to time. The volunteer must agree to be bound by all applicable privacy laws and regulations. In addition, the volunteer will adhere to all rules, regulations and administrative guidelines governing the conduct of the district's professional employees.
4. Volunteers will not be permitted to directly administer student discipline nor will they be permitted to administer first aid, except in the case of emergency.
5. The volunteer will sign the district's School Volunteer Disclosure Statement acknowledging the receipt and review of this policy.
6. A paid or unpaid individual who is an integral part of a regularly scheduled program, activity or services who accepts responsibility for a child is a *mandated reporter* of child abuse.

A district volunteer who has contact with a child through a regularly scheduled program, activity or service is required by law to report suspected child abuse pursuant to Policy 806.

Exemptions

Volunteers exempted from the mandated reporter training would include:

1. Members of Booster and parent organizations that are exclusively involved in fundraising efforts that do not involve in-school work; and
2. Those who provide occasional (ex: one (1) day) special event support for students under the direct supervision of a professional staff member, in the presence of the teacher or other professional staff member at all times.

Transportation

Volunteers who transport students in personal vehicles are not covered by insurance provided by the school district. Insurance coverage in this situation is through the volunteer's own insurance carrier. Prior to *any* volunteer assuming the responsibility of transporting a student, parent/guardian permission must be acquired

through school district processes. Such permission may not be garnered through mutual consent between volunteer and parent/guardian. If a parent/guardian does grant permission for such transportation arrangement through district processes, the volunteer will sign a school district form regarding the assumption of such risk.

Insurance Coverage

The District carries liability coverage which extends to volunteers while acting within the scope of their assigned duties on behalf of the district, subject to standard insurance policy limitations, except as stated above.