

Classroom Volunteer Application

Berlin Brothersvalley School District

Please Print Neatly or Type

Chaperone for: _____

Name: _____

Street Address: _____

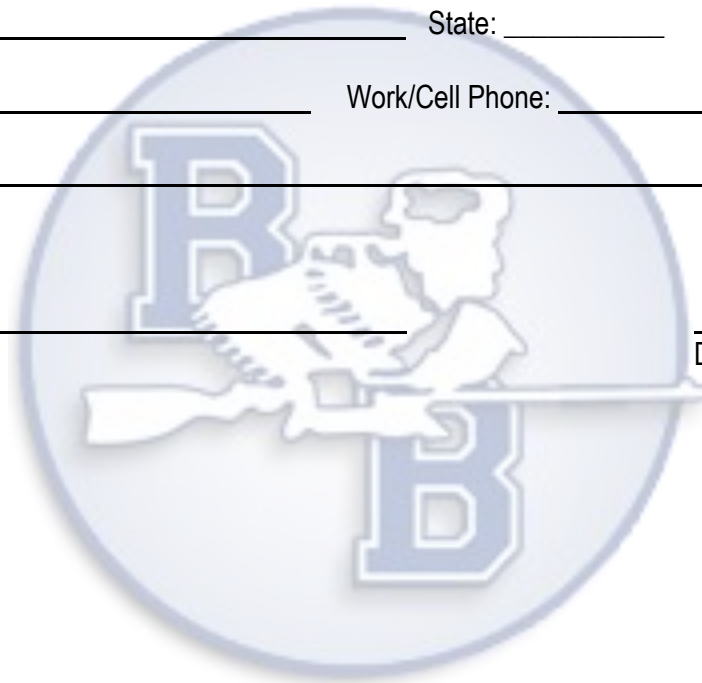
City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail Address: _____

Signature _____

Date _____



**Return Completed Application To:
Berlin Brothersvalley School District
Attn: Human Resources
1025 East Main Street Berlin, PA 15530**

*If you have questions concerning this application or future openings,
you may contact us by telephone at (814)-267-4621, by fax at (814)-267-6060, or by e-mail at alyons@bbsd.com*

Instructions for Volunteer Clearances

1. PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE ACT 151

ELECTRONIC SUBMISSION –COST FREE

Child Abuse History Clearance Online: <https://www.compass.state.pa.us/CWIS>

You must create an account or log in if you already have an account. **Note: you will need an email address to create an account.** Creating an account and submitting your clearance application online will give you access to your results or the status of your results.

2. ACT 34 – PA STATE CRIMINAL HISTORY CLEARANCE INFO

ELECTRONIC SUBMISSION –FREE

PATCH <https://epatch.pa.gov/home> Click New Volunteer Record Check (volunteers only), Click Acknowledgement box, Click Accept, fill out the information, follow the rest of the directions and Print a copy.

If you do not have internet access, or you would like to submit Act 34 form and/or Act 151 through the mail, please call 267-4621 for a paper copy of the requests.

***** IF YOU HAVE NOT BEEN A RESIDENT OF PA THE LAST TEN YEARS *****

3. IMPORTANT ACT 114 FBI CLEARANCE INFORMATION

ELECTRONIC SUBMISSION –COST \$22.60

Registration is online at <https://uenroll.identogo.com>.

Enter Code: 1KG6XN

The attached paper will give detailed instructions as this process changed November 28, 2017.

You must register online and then go to the local IndentoGo enrollment center and have your fingerprints taken.

Somerset Location

Community Action Partnership
535 E Main St
Somerset, PA 15501-2163
Hours: Tuesday & Thursday
9:00 AM – 3:00 PM

Johnstown Locations

The Learning Lamp
2025 Bedford St
Johnstown, PA 15904-1003
Hours: Monday – Friday
9:00 AM – 2:00 PM

Alleghenies Unlimited Care
119 Jari Drive
Johnstown, PA 15904-6953
Hours: Tuesday
9:00 AM – 11:00 AM,
2:00 PM – 4:00 PM

IF SIGNIFICANT REACTION WAS REPORTED, THE PHYSICIAN REPORT MUST STATE THAT THE APPLICANT IS FREE FROM CURRENT TUBERCULOSIS DISEASE OR IS UNDER ADEQUATE CHEMOTHERAPY FOR TUBERCULOSIS DISEASE.

	Yes	No	If Yes, Explain
Allergies	☐	☐	
Asthma.....	☐	☐	
Cardiac.....	☐	☐	
Chemical Dependency.....	☐	☐	
Drugs	☐	☐	
Alcohol	☐	☐	
Diabetes Mellitus	☐	☐	
Gastrointestinal Disorder	☐	☐	
Hearing Disorder.....	☐	☐	
Hypertension.....	☐	☐	
Neuromuscular Disorder.....	☐	☐	
Orthopedic Condition	☐	☐	
Respiratory Illness	☐	☐	
Seizure Disorder	☐	☐	
Skin Disorder	☐	☐	
Vision Disorder.....	☐	☐	
Other (Specify).....	☐	☐	

	Normal	Abnormal	Not Examined	Comments
• Height (inches)				
• Weight (pounds)				
• Pulse				
• Blood Pressure /				
• Hair/Scalp				
• Skin				
• Eyes –Visual Acuity R / L /				
• Eyes – Color Vision				
• Ears – Hearing dB R L				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart – Murmur, etc.				
• Lung – Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her work role? If so, specify

Physician Address

The statements and answers as recorded above are full, complete and true to the best of my knowledge and belief. I understand that any false or misleading statements may cause termination of my employment.

I authorize the physician or other person to disclose any knowledge or information pertaining to my health to the employing authority for whom this examination is performed.

Signature of Employee

Date

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.

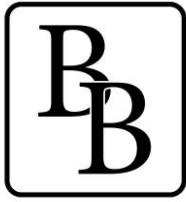
I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

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: _____



BERLIN BROTHERSVALLEY SCHOOL DISTRICT
1025 MAIN STREET
BERLIN, PENNSYLVANIA 15530-1498
814-267-4621 • FAX: 814-267-6060
"HOME OF THE MOUNTAINEERS"

Dr. David F. Reeder
Superintendent

"Educational Excellence, Community Engagement, Lifelong Success"

Lori Gindlesperger
Business Manager

Employee Confidentiality Statement

Dear Employee:

"Confidential information is defined as any information about the student that you are privy to because of working with the student within the school setting. Confidential information would also include, but is not limited to, information found in the student's record and/ or in the student's individualized education program. Such information shall never be discussed with personnel not directly involved with the student and/or the student's educational program, friends or families. Confidential information should not be a topic of conversation at breaks and should not be discussed in areas where the conversation could be overheard.

An unauthorized disclosure of information could expose the district to great financial risk. Violation could result in disciplinary action, legal proceedings and removal from the district.

I agree to maintain confidentiality and conduct myself in a professional manner. I understand that in my daily job duties, I will have access to confidential information. Any violation of confidentiality, in part or in whole, could result in disciplinary action, legal proceedings and removal from the district. My signature acknowledges my understanding and agreement regarding complying with the Family Educational Rights Privacy Act (FERPA) by maintaining confidentiality of student information as outlined in this statement.

Employee Signature / Date