Pequea Valley School District

Where Each Learner Counts

VOLUNTEER REGISTRATION CHECKLIST

Please use the checklist below to ensure you submit all required forms to the District Office (only completed packets will be accepted)

☐ Completed Volunteer Application

☐ PA State Criminal Record Check Clearance

☐ PA Child Abuse History Clearance

☐ PA Department of Education Criminal Record Clearance (IndentoGo-FBI Fingerprint) or registration number – or statement confirming Pennsylvania residency during the entirety of the previous 10 years (included in the Request for Waiver of FBI – Federal Criminal History Fingerprint Record Check Form)

☐ Completed PDE Arrest/Conviction Report and Certification Form

☐ Completed Volunteer Acknowledgement of Policy #916/Volunteers and Policy #806/Child Abuse Form

☐ Signed doctor's note or form confirming negative TB test (dated with 90 days of submission)

☐ Completed Volunteer Emergency Information Form

If you have questions, or need assistance with this application, please contact your building Principal, or Director of Student Services, Ms Cathy Koenig @ 717-768-5530.

Pequea Valley School District

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VOLUNTEER APPLICATION

Volunteer Name: _____ Date: _____

Home Address: _____

_____

Phone: _____ Email: _____

Please check the box beside the school(s) where you would like to volunteer:

- ☐ Paradise Elementary
- ☐ Salisbury Elementary
- ☐ Pequea Valley Secondary School

Please check the box beside your desired volunteer opportunity:

- ☐ Field Trip Volunteer
- ☐ Classroom Volunteer
- ☐ Club Volunteer
- ☐ Coach
- ☐ Other _____

Authorization and Acknowledgement

I hereby give the Pequea Valley School District the right to review any and all clearances required by Pennsylvania law and District Policy. The PVSD may use the information for the purpose of evaluating my fitness to volunteer with children and learners and may report the information as permitted by law.
I understand that failure to accurately report required information (including intentional omissions) shall subject me to discipline, up to and including denial of volunteer opportunities, and may subject me to civil and/or criminal penalties)

Applicant's Signature: _____ Date: _____

To complete your registration, please complete and submit the following clearances and certifications to the building Principal

- ☐ PA State Police Criminal History Report
- ☐ PA Department of Human Services Child Abuse Report
- ☐ Federal Criminal History Report
- ☐ PDE Arrest/Conviction Report and Certification Form
- ☐ Employee/Volunteer Self-Reporting Commitment Form
- ☐ Acknowledgement of Policies 806 & 916 related to child abuse and volunteer service
- ☐ Results of the tuberculous test completed within the last 90 days

FOR DISTRICT USE ONLY:
Date Received: _____

Obtaining Clearances:

Pennsylvania State Police (PSP) Criminal History Clearance

Free — Volunteers
$22 — Employees, Foster/Adoptive Parents

Online Request

The Pennsylvania State Police have established a web-based computer application called "Pennsylvania Access To Criminal History (PATCH)". Results are often received immediately when applied for online. If results are not immediately received, please note the following:

- If you provide your e-mail address in the application, PATCH will send messages stating:
  - That the clearance request was received; and
  - When your clearance results are completed and ready to be reviewed and printed.
- If you do not provide an e-mail address, then please document the control number so that you may log back into the PATCH system to obtain the clearance results when they are completed.

PA Child Abuse History Clearance (CY113)

Free — Volunteers
$13 — Employees, Foster/Adoptive

Note: Child abuse clearance fees for volunteers will continue to be waived one time every 57 months.

PA Child Abuse reports are available through the State's COMPASS system:

- To Register on COMPASS
  - Visit the COMPASS website (https://www.compass.state.pa.us/cwis/public/home)
  - Select "Create Individual Account" and complete the requested information to create a username.
  - COMPASS will email you a temporary password.
  - Return to COMPASS to login in using your name and temporary passwords.
  - Create and remember your own password.
- To request clearances on COMPASS:
  - Visit the COMPASS website (https://www.compass.state.pa.us/cwis/public/home)
  - Login
  - Read information and disclaimers.
  - Scroll to the bottom of the page and select "Continue".
  - Re-enter your username and password.
  - Select "Create Clearance Application".
  - Complete and submit application.

Federal Bureau of Investigation (FBI) Criminal History Clearance

$23.85 — Employees, Foster/Adoptive Parents
$22.60 — Volunteers

- To complete online:
  - Visit IdentoGO website (https://www.identogo.com/)
    - Click on Services/ History Check/FBI History Check
    - Once you have completed entering all information requested, search for a location near you. (*Be sure to remember all important documents for your appointment)
- Telephone registration is also available by calling 844-321-2101 (Monday – Friday 8:00 am – 6:00 pm)

All school volunteers must now obtain a volunteer Service Code from the Pennsylvania Department of Human Services (DHS). 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 all 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.

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.

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VOLUNTEER REQUEST FOR WAIVER OF FBI – FEDERAL CRIMINAL HISTORY FINGERPRINT RECORD CHECK

I declare under penalty of perjury that the following is true and correct:

☐ I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten year period from the date of this document:

☐ I have NEVER been named as the perpetrator of a founded report of child abuse:

☐ I have NEVER been convicted of one or more of the following types of offenses, including the attempt, solicitation or conspiracy to commit any of the following:

a. Criminal homicide
b. Aggravated assault
c. Stalking
d. Kidnapping
e. Unlawful restraint
f. Rape
g. Statutory sexual assault
h. Sexual assault
i. Involuntary deviate sexual intercourse
j. Aggravated indecent assault
k. Indecent assault
l. Indecent exposure
m. Incest
n. Concealing the death of a child
o. Endangering the welfare of a child
p. Dealing in infant children
q. Prostitution and related offenses
r. Crimes related to obscene/sexual materials and performances
s. Corruption of minors
t. Sexual abuse of children

☐ Within the 5-year period immediately preceding the date of this document, I have not been convicted of a felony offense under The Controlled Substance Drug Device and Cosmetic Act: AND

☐ I have not been convicted of an offense similar in nature to those crimes listed under paragraphs 2,3, or 4 above 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 in Pennsylvania.

I understand that statements herein are made subject to the penalties of 18 pa. C.S. §4904 relating to unsworn falsification to authorities.

I will immediately report to PVSD (and to my employer if I am employed by an employer that has a contract with PVSD) if at any time in the future while still employed by or providing services to PVSD I am arrested or convicted for any offense as set forth above (or any other offense under any criminal code) or if I am named as a perpetrator in a founded or indicated report of child abuse.

The above information is true and correct. This statement is made subject to penalties of criminal law for false statements to government officials.

Name: _____ **Date:**_____

Signature:_____

Pequea Valley School District

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VOLUNTEER ACKNOWLEDGEMENT
OF POLICY NO. 916/ VOLUNTEERS
AND POLICY NO. 806/CHILD ABUSE

Required by SD Policy 916 (Volunteers)
Policies can be found on the District Website/
District tab/ Volunteers/ Board Policy – Volunteers

I have read, understand, and agree to comply with all provision of School District Policy No. 916/Volunteers and Policy No. 806/Child Abuse.

Name: _____

Signature: _____

Date: _____

Obtaining Tuberculosis Test Results:

Tuberculosis testing may be completed by scheduling an appointment with your family physician or by visiting the following testing location, which may charge a fee:

Lancaster General Health Express:
Giant Food Store
1605 Lititz Pike
Lancaster, PA 17601
Ph: 717-735-3995

Tuberculosis testing must be dated within 90 days of becoming a volunteer.

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VOLUNTEER EMERGENCY INFORMAITON

Name: _____ Birthdate: _____

Address: _____

Phone: _____

Building/Dept: _____ Position: _____

Emergency Contact: _____

Relationship: _____ Phone:_____

Emergency Contact: _____

Relationship: _____ Phone:_____

Physician: _____ Phone: _____

Health Concerns (medications, allergies): _____

_____

Hospital Preference: _____

In the event that I need emergency treatment requiring ambulance service and/or medical care you have my permission to see 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 Carrier) _____

Signature: _____ Date: _____

☐ Building Copy ☐ District Copy

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VOLUNTEER EMERGENCY INFORMAITON

Name: _____ Birthdate: _____

Address: _____

Phone: _____

Building/Dept: _____ Position: _____

Emergency Contact: _____

Relationship: _____ Phone:_____

Emergency Contact: _____

Relationship: _____ Phone:_____

Physician: _____ Phone: _____

Health Concerns (medications, allergies): _____

_____

Hospital Preference: _____

In the event that I need emergency treatment requiring ambulance service and/or medical care you have my permission to see 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 Carrier) _____

Signature: _____ Date: _____

☐ Building Copy ☐ District Copy