

Documents Needed For Volunteer Renewals

The following forms must be updated every three years

- Volunteer Information Sheet
 - Child Abuse Clearance
 - Criminal Clearance
- FBI Fingerprinting (or) Affirmation if you qualify

Child Abuse Clearance-This \$10.00 clearance can be completed on-line by visiting www.compass.state.pa.us/CSIS/Public/Home. Once you print this clearance, you must submit a copy to the school district. You also have the option to mail this form. Mailing usually takes 3-5 weeks to get back.

Criminal Clearance-This \$10.00 clearance can be completed on-line by visiting epatch.state.pa.us (there is no www on this address). When prompted, PRINT this clearance and submit a copy to the school district.

FBI Fingerprinting Clearance- Must register via the following:

- www.pa.cogentid.com – 24 hours/day, seven days a week or 1-888-439-2486 8:00 AM to 6:00 PM.
- The applicant will pay a fee of \$27.00 for the fingerprint.
- When asked or prompted as to what department you are registering, please indicate that it is for the Department of Education.

Applicants must provide proof of identify upon arrival at the Fingerprinting Center such as a state issued drivers license, state I.D. card, passport, etc.

Once registered, you may have your fingerprints taken at any of the following Dates/times/locations as indicated below. No appointments are necessary.

Locations are only open on Mondays, Tuesdays, and Wednesdays from 10:00 AM – 6:00 PM. All locations are closed on Thursdays and Fridays.

Lincoln Intermediate Unit #12 – New Oxford Central Office
65 Billerbeck Street, New Oxford, PA 17350

York County School of Technology-Adult Education Entrance-York
2179 South Queen Street, York, PA 17402

Franklin County Career and Technology Center-Chambersburg
2463 Loop Road, Chambersburg, PA 17201

Once you are printed, you **MUST** put the PAE confirmation number on volunteer application sheet.

For Volunteers Only: If you sign an affirmation & have it notarized that 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.



Littlestown Area School District Volunteer Information Sheet



- _____
Name Program Which You Are Volunteering
- _____
Address Phone Number (Home)
- _____
City/State/Zip Phone Number (Work)

List Children Currently in District _____

Emergency Contact Information

Emergency contact Name _____ Phone _____

If necessary to summon a physician, I give my approval to call Dr. _____
whose phone number is _____

If a hospital is necessary, I grant permission to be transported to _____

And I give permission for the hospital to arrange such emergency treatment as may be needed. I will assume responsibility for fees incurred by such emergency.

If this information changes at any time, please notify the district office immediately.

Volunteer Signature

In Lieu of the FBI fingerprinting, you may fill out & have **notarized** the affirmation that 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. **If exempt from the FBI fingerprinting, the paper needed for your affirmation is included in the volunteer packet.**

***Note:** For individuals living in Pennsylvania less than 10 years FBI Fingerprinting is required and confirmation number should be entered below.

*FBI Registration Confirmation Number (If Applicable) _____

<u>TO BE COMPLETED BY PERSONNEL OFFICE</u>			
_____ Act 34 _____	Date _____	_____ TB Test Results _____	Date _____
_____ Act 151 _____	Date _____	_____ FBI Fingerprinting _____	Date _____
Board Approved _____ Date _____			

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. **DO NOT send cash or personal check.**

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

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

CHILDLINE USE ONLY
DATE RECEIVED BY CHILDLINE

SECTION I **APPLICANT IDENTIFICATION**

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME STREET CITY, STATE ZIP CODE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td style="width: 33%;">AGE</td> <td style="width: 33%;">DATE OF BIRTH</td> <td style="width: 33%;">DAYTIME PHONE NO.</td> </tr> <tr> <td colspan="2">SEX <input type="checkbox"/> M <input type="checkbox"/> F</td> <td>COUNTY YOU LIVE IN</td> </tr> </table>	SOCIAL SECURITY NUMBER			AGE	DATE OF BIRTH	DAYTIME PHONE NO.	SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN
SOCIAL SECURITY NUMBER										
AGE	DATE OF BIRTH	DAYTIME PHONE NO.								
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN								

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide central register), 6344 (relating to information relating to prospective child care personnel), 6344.1 (relating to information relating to family day-care home residents), and 6344.2 (relating to information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

Child Care Services Employee

Foster Care Adoption School Employee

Employment with a significant likelihood of regular contact with children

Volunteers - A copy of your **PROCESSED** "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their **PROCESSED** FBI clearance (Form FD-258).

DPW Employment & Training Program Participant
(signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE OIM/CAO PHONE NUMBER

PREVIOUS NAMES USED SINCE 1975
(Include Maiden Name, Nicknames, Aliases)

1. (LAST, FIRST MIDDLE)

2. (LAST, FIRST MIDDLE)

3. (LAST, FIRST MIDDLE)

4. (LAST, FIRST MIDDLE)

5. (LAST, FIRST MIDDLE)

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1. _____

2. _____

3. _____

4. _____

HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

NAME (Last, First, Middle) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify 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).

Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II		RESULTS OF HISTORY CHECK	
<input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.		<input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).	
STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.	-	3.	-
2.	-	4.	-
_____ VERIFIER		_____ DATE	
_____ VERIFIER'S SUPERVISOR		_____ DATE	

SECTION III		VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES	
<p>_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.</p> <p>The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.</p> <p>It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.</p>			
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE			
<input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred in the last five years.			
<input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred over five years ago.			
<input type="checkbox"/> Applicant is named as the perpetrator of an indicated child abuse or school employee report.			
<input type="checkbox"/> Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.			
PENNSYLVANIA STATE POLICE CLEARANCE			
<input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> No record exists. Report attached.			
FBI CLEARANCE			
<input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> No record exists. Report attached.			
<input type="checkbox"/> No FBI clearance required.			
_____ VERIFIER		_____ DATE	
_____ VERIFIER'S SUPERVISOR		_____ DATE	

**DIRECTIONS TO COMPLETE THE
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE APPLICATION:**

1. Applicants are to complete Section I only.
2. Type or print clearly and neatly in ink only.
3. The space for the applicant's name must be the applicant's full legal name. An initial is not acceptable for a first name. The address listed must be applicant's current home address. This is also where the results of the clearance will be mailed.
4. The applicant's Social Security number is voluntary. If filling in the Social Security number please fill in the entire Social Security number.
5. Age – Fill in the applicant's current age.
6. Date of Birth – Fill in the applicant's date of birth (Example: 01/22/1990).
7. Daytime Phone Number – Fill in the number for where the applicant can be reached in the event that there are questions about the information on the application.
8. Sex – Check the appropriate box for male or female.
9. County You Live In – Fill in the name of the county where you reside (this should be the county for the address that the applicant filled in the space on the left of this section).
10. **Purpose of Clearance** – Do not check more than one block:
 - a. Check the Child Care box if planning to work in a day care or child care setting.
 - b. Check the Foster Care box if applying as a prospective foster parent.
 - c. Check the School Employee box if seeking to have involvement within a school (public, private, vocational, or technical) for employment or volunteer purposes OR check this box if a child abuse clearance is needed due to enrollment in an educational program such as a nursing school or technical program.
 - d. Check the Adoption Block if in the process or planning to adopt a child.
 - e. Check Employment With A Significant Likelihood of Regular Contact With Children if NONE of the other options relate to why a child abuse clearance is needed.
 - f. Check the Volunteers box if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League, or churches. As noted on the form, if the Volunteer box is checked, the applicant must also attached A COPY of the RESULTS from their PA State Police Criminal History Record Check. Do not send original criminal record results because the original cannot be returned. If the applicant is not a current Pennsylvania resident, the applicant must also attach a copy of their FBI Criminal History results obtained within the past year.
 - g. Check the DPW Employment & Training Program Participant box if the applicant is participating in a Department of Public Welfare employment and training program through a county assistance office, or CAO, or the Office of Income Maintenance, OIM. The signature **AND** phone number of the CAO or OIM representative is required.
11. 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, aliases and also known as (aka) names.
12. 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 will be acceptable.
13. Household Members - Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). If the applicant was under the age of 18 in 1975 this section must include other household members who lived with the applicant or with whom the applicant lived. Please note the household member's relationship to the applicant, their age (to the best of your knowledge) and their sex. Applications where this section is left blank will be rejected and returned to the applicant.
14. Applications must be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.
15. Enclose a \$10.00 money order for each application. No cash or personal checks will be accepted. Agency or business checks are acceptable.
16. Do not send any postage paid return envelopes for us to return your results. Results are issued through an automated system generated mailing process.

Note: Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. Failure to comply with the above instructions will cause considerable delay in processing the results of an applicant's child abuse clearance.

COMMONWEALTH OF PENNSYLVANIA :
 : SS:
COUNTY OF _____ :

Before me, the undersigned notary public, this day, personally appeared

_____ known to me, who being duly sworn

(or affirmed) according to law, deposes and says as follows:

I currently reside at _____
and have been a continuous resident of Pennsylvania for the past ten (10) years.

I am not disqualified from service as a volunteer pursuant to 23 Pa. C.S. §6344 (c) and have not been convicted of an offense similar in nature to those crimes listed in 23 Pa. C.S. §6344 (c) under the laws of the United States or one of its territories, possessions, another State, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

(Signature)

(Printed name)

Subscribed and sworn to before me this day of , 201_.

_____(SEAL)
Notary Public

My Commission Expires:

23 Pa. C.S §6344 (c)

(c) Grounds for denying employment or participation in program, activity or service.--

(1) In no case shall an administrator hire or approve an applicant where the department has verified that the applicant is named in the Statewide database as the perpetrator of a founded report committed within the five-year period immediately preceding verification pursuant to this section.

(2) In no case shall an administrator hire an applicant if the applicant's criminal history record information indicates the applicant has been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state:

- 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).

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).

The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.

(3) In no case shall an administrator hire an applicant if the applicant's criminal history record information indicates the applicant has been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding verification under this section.