How to Become a Volunteer

All volunteers must complete Act 34, Act 151 Certificates, electronically.

Submit **completed** packet along with all clearances to United Way of Lebanon County. Mail only copies of clearances as copies will not be returned.

Please NOTE: If you have Act 34 and/or Act 151 Certificates, that were completed for another organization (i.e. work, church, scouting program, etc.) **that were obtained within the last 5 years**, you may submit these clearances.

Volunteers must submit proof of a Tuberculosis Screening. **If you have not had a TB screening within the last 10 years, please contact your family physician to schedule a screening.**

Fill out the VOLUNTEER REGISTRATION FORM found on Page 4 in the Volunteer Manual.

Please complete the VOLUNTEER/VISITOR CONFIDENTIALITY AGREEMENT found on the back of the Volunteer Registration Form

**The completed volunteer requirements may be dropped off at the United Way office or mailed.**

How to Obtain Clearances

Request for criminal Record Check (State Police) (Free for Volunteers)

1.) Apply online at [http://epatch.state.pa.us](http://epatch.state.pa.us)
2.) Select Volunteer
3.) Results of the Criminal Record Check can be printed immediately
4.) Present the record results with this packet

Pennsylvania Child Abuse History Clearance (Free for Volunteers)

1.) Apply online at [http://www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis)
2.) Results of the Child Abuse History Clearances can be printed immediately
3.) Present the record results with this packet

Mandated Reporter Training (Free for Volunteers)

1.) Can be completed online at [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu)
2.) Certificate may be submitted to United Way of Lebanon County/e-mailed to alyssa@unitedwaylebc.org.

FBI Criminal History Record (ONLY if volunteer has not lived in PA for the last 10 years.)
Volunteer Services Protocol

Welcome to United Way of Lebanon County’s Volunteer Reading Program. We thank you for your time and support in working with students throughout the Lebanon School District.

1. Please wear your visitor badge at all times while volunteering.
2. Remember to sign in and out in the office each time you enter or leave the building.
3. Follow all building rules in place for all staff. We recommend you not bring food due to student allergies. Tobacco use or possession is not permitted on school property.
4. Under no circumstance should you administer medication to a child. All medications are given under the supervision/direction of the nursing staff. Please refer all medication questions to the school nurse.
5. School telephones are to be used only in the case of an emergency. Cell phones are permitted in the buildings but must be turned off during the school day as to not interfere with the instruction in the classroom.
6. No child should leave the school before the teacher has dismissed the class unless prior arrangements have been made (i.e. doctors appointment, etc.). Unless specifically directed by the parent in writing, we do not have the authority to allow you to take the student out of the building. If you do have written permission, please remember to sign the child out of the building in the main office.
7. We expect visitors to dress in a school acceptable manner.
8. Confidentiality of the student, other students and the classroom teacher must be maintained at all times. Please refrain from sharing identifying information in and out of the school setting. (See Volunteer/Visitor Confidentiality Agreement on Page 5.)
9. The volunteer needs to notify the teacher or person they are volunteering with if there is a schedule change.
10. If you have any questions/concerns, speak to the classroom teacher to solve the problem in an efficient and professional manner.
11. Discovery or concerns of possible physical abuse, sexual abuse, and neglect should be shared with a building administrator immediately.
Volunteer Registration Form

Name:________________________________________________________

Address:_______________________________________________________

Phone (home):_________________________(cell)_____________________

Email:________________________________________________________

(Please see Page 7 to complete and obtain the clearances before sending in your packet.)

Please provide proof of your tuberculosis test, which was administered within the last 10 years. If you do not have one, please contact your family physician to schedule the TB test and hold your packet until you obtain proof that it was completed. **All clearances are good for 5 years from the date they were issued.

Your signature indicates that you have received and read the Volunteer Manual and agree with the terms.

Signature:__________________________________ Date:____________________

Please check off that you have attached the following;

________ PA State Police Background Check
________ Child Abuse Clearances
________ TB Test
________ Mandated Reporter Training
________ Affidavit of Qualification for Volunteer Service
________ Volunteer Form
________ Arrest/Conviction Report

The completed volunteer requirements may be dropped off or mailed to the United Way of Lebanon County office.

Do NOT turn in if the above requirements are not attached. Incomplete packets will be returned.
Volunteer/Visitor Confidentiality Agreement

Name:_________________________________________

Date:________________________________________

The Right of each student and their family to confidentiality has been clearly explained. I understand and agree to comply with the Federal, State, School District and United Way of Lebanon County policies regarding confidentiality of student information and the right of privacy accorded by law to each student. I will not, at any time, communicate specific student information in oral or written form.

______________________________
(Signature of Volunteer)

______________________________
(Printed Name of Volunteer)
Dear Volunteer,

If you are planning to volunteer in our schools, you are required to complete the items in the checklist below.

Volunteer Requirements:

☐ State Police Criminal History Background Check - https://epatch.state.pa.us/
  - Free for volunteers
  - Must be less than 5 years old

☐ Child Abuse Background Check - https://www.compass.state.pa.us/CWIS
  - Free for volunteers
  - Must be less than 5 years old

☐ FBI Criminal History Record - https://uenroll.identogo.com/
  - $21.35 for Volunteers
  - Must be less than 1 year old upon initial application
  - Use Service Code 1KG6Y3 –Pennsylvania PDE-Volunteer
  *Volunteers (excluding coaches) are not required to obtain the FBI fingerprint clearance IF he/she has lived in the Commonwealth of Pennsylvania for the last ten (10) year period AND signs an affidavit (page 2).

☐ TB Test – can be obtained from personal physician and does not need to be repeated
  - Volunteer’s expense (varies)
  - Must be read within the last 3 months when submitted to District Office

☐ Mandated Reporter Training – www.reportabusepa.pitt.edu
  - Can be completed online
  - Certificate may be submitted to District Office/edailed to hr@acschools.org

☐ Volunteer Agreement (page 3)

☐ Arrest/Conviction Report and Certification Form (pages 4-6)

You will need to bring the items listed above to the district office. Copies will be made and all originals will be returned to you. Once these items are completed, you will be able to volunteer. If you have any questions, please call the District Office at 717-867-7600 ext. 5005.
Commonwealth of Pennsylvania  
County of Lebanon

ANNVILLE-CLEONA SCHOOL DISTRICT  
AFFIDAVIT OF QUALIFICATION FOR VOLUNTEER SERVICE  
(Pursuant to Act 153 of 2014)

Applicant’s Name ___________________________ Phone Number ___________________________

Date of Birth ___________________________ Address ___________________________

Pennsylvania statute 23 Pa. C.S.A. § 6344 requires that adults who work with children submit criminal history record information and certification as to whether the applicant is named in the Pennsylvania database as the alleged perpetrator in a pending child abuse investigation or as the perpetrator of a founded report or an indicated report. A fingerprint based federal criminal history (FBI) submitted through the Pennsylvania State Police or its authorized agent shall not be required if the following affidavit for qualification for unpaid volunteer service with the Annville-Cleona School District is provided pursuant to 23 Pa. C.S.A. § 6344.2.

1. I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) year period from the date of this Affidavit.

2. I have not been convicted of an offense similar in nature to those crimes listed in section 23 Pa. C.S.A. § 6344(c) 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.

   (a) Chapter 25 (relating to criminal homicide)
   (b) Section 2702 (relating to aggravated assault)
   (c) Section 2709.1 (relating to stalking)
   (d) Section 2901 (relating to kidnapping)
   (e) Section 2902 (relating to unlawful restraint)
   (f) Section 3121 (relating to rape)
   (g) Section 3222.1 (relating to statutory sexual assault)
   (h) Section 3223 (relating to involuntary deviate sexual intercourse)
   (i) Section 3241 (relating to sexual assault)
   (j) Section 325 (relating to aggravated indecent assault)
   (k) Section 326 (relating to indecent assault)
   (l) Section 327 (relating to indecent exposure)
   (m) Section 4302 (relating to incest)
   (n) Section 4303 (relating to concealing death of child)
   (o) Section 4304 (relating to endangering welfare of children)
   (p) Section 4305 (relating to dealing in infant children)
   (q) A felony offense under section 5902 (b) (relating to prostitution and related offenses)
   (r) Section 5903 (c) or (d) (relating to obscene and other sexual materials and performances)
   (s) Section 6301 (relating to corruption of minors)
   (t) Section 6312 (relating to sexual abuse of children)
   (u) The attempt, solicitation or conspiracy to commit any of the above offenses; and

3. I have not 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 last five (5) years.

I hereby affirm that the information in this affidavit is true and correct to the best of my knowledge and belief and that the signature is being made subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities which is a misdemeanor of the third degree punishable by up to one year imprisonment.

Signature: ___________________________ Date: ___________________________

Printed Name: ___________________________
VOLUNTEER

Name: ___________________________________________ Email: ______________________________

Child(ren)’s Name(s): ___________________________________ Phone: ________________

Program(s): __________________________________________

I understand the following information regarding a volunteer position at Annville-Cleona School District:

1. This is not a paid position and will not become a paid position at any time during this assignment.

2. I must present a State Police Criminal History background check to the District Office that was obtained within the last 5 years.

3. I must present a Child Abuse background check to the District Office that was obtained within the last 5 years.

4. I must present an FBI Fingerprint report to the District Office OR complete the volunteer affidavit (if applicable) and present it to the District Office. Both must be less than 1 year old upon initial submission.

5. I must renew all required clearances every five (5) years to be able to volunteer.

6. I must complete an Arrest/Conviction Report and Certification form.

7. I must present an original tuberculin skin test form to the District Office. The test must be administered within 3 months prior to the date the District receives the form.

8. I must complete Act 126 mandated reporter training every five (5) years.

9. If I am arrested or convicted of a crime(s) listed in School Code §111, I will report them to Annville-Cleona School District within 72 hours of their occurrence using the PDE-6004 form.

10. I agree to comply with the rules and regulations set forth by the Annville-Cleona School District.

11. I have read and understand the contents of Annville-Cleona’s Student Handbook.

12. I understand that while I am a volunteer, I am subject to the guidelines set forth by the Annville-Cleona School District policies.

13. If the Annville-Cleona School District feels that it is necessary to terminate my position, they may do so.

14. I understand that volunteers are not covered under Annville-Cleona’s Worker’s Compensation Insurance Plan.

Volunteer 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 ____________________________

PDE-6004 03/01/2016
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 4394 (relating to endangering welfare of children)
      - Section 4395 (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.