



Reading Friends



Lebanon School District

United Way of Lebanon County

801 Cumberland Street

Lebanon, PA 17042

717.273.8144

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>
- 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>
- 2.) Results of the Child Abuse History Clearances can be printed immediately
- 3.) Present the record results with this packet

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

_____ LSD Confidentiality Agreement

_____ LSD Board Policies

_____ LSD Disclosure Statement

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)

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 certification through the Federal Bureau of Investigation (FBI), 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 understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below 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 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 2709.1	(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)
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 swear/affirm that 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 certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications 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 certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

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 certifications.

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: _____

BOARD POLICIES WEBSITE INSTRUCTIONS

The Lebanon School District Board policies are available to the public through our website. These policies include important information regarding employment/volunteering with the Lebanon School District. To access the Board policies for your employment/volunteering category:

- Log onto www.lebanon.k12.pa.us
- Click on Board of Directors
- Click on Board Policies

***Please note: If you do not have access to the internet, please contact the volunteer coordinator for assistance.**

I acknowledge that I received instructions and agree to access the Lebanon School District Board policies.

Print name

Signature

Date

Lebanon School District
Lebanon, PA

CONFIDENTIALITY IN THE SCHOOLS
Guidelines

1. Do not voluntarily discuss personal or health information about students except with other professionals who need to know the information to help students. Never repeat rumors or gossip about personal leaves of health of students, their families or faculty.
2. If a student is having problems, let appropriate school professionals (counselors, nurse, principal, etc.) know you are concerned about a student.
3. Do not discuss personal situations regarding students in the public areas. If someone else brings up the topic, offer to discuss it in private, later, if appropriate.
4. Never give any type of information regarding students to non-school parties. Refer those requesting information to the administrative offices.
5. Limit discussions and written statements regarding students to those that have a valid educational purposes.

*****Confidentiality Agreement*****

I, _____ have read the confidentiality guidelines set forth above and agree to abide by them.

Signature

Date