



FAIRFIELD AREA SCHOOL DISTRICT

Thomas J. Haupt
Superintendent

Dear Volunteer,

Thank you for expressing interest in volunteering in the Fairfield Area School District. Your time is greatly appreciated, and we will do our best to ensure that it is utilized to the fullest.

These are background check requirements for FASD. ALL COMPLETED FORMS MUST BE TURNED INTO THE SCHOOL OFFICE FOR PROCESSING. The following items are required.

- VOLUNTEER DISCLOSURE SHEET – Please complete the information sheet so that we have your contact information as well as your areas of interest.
- EMERGENCY INFORMATION SHEET – Please complete the emergency contact information in the event of an emergency.
- CHILD ABUSE CLEARANCE – Please see attached directions.
(select “Volunteer” for free clearance)
- PA CRIMINAL CLEARANCE – Please see attached directions.
(select “Volunteer” for free clearance)
- FBI FINGERPRINTING – Please see attached instructions. Please Note: For Volunteers Only – If you have continuously resided in Pennsylvania for 10 years this is not necessary. (DHS service code 1KG6ZJ)
- TB TEST – A negative TB test, **completed in the last 90 days**, is required to volunteer for Fairfield Area School District.

Once your application packet is complete and turned into the school office, it will be reviewed by the Superintendent. You will receive an approval letter by mail and your name will be placed on the eligible volunteer list for the district. All volunteers must obtain new clearances and a TB Test every 5 years.

The Board Volunteer Policy #916 may be viewed on our district website. www.fairfieldpaschools.org
<http://www.go.boarddocs.com/pa/fair/Board.nsf/Public#>

Again, thank you for volunteering and we hope that you will find the opportunity rewarding.

Fairfield Area School District

FAIRFIELD AREA SCHOOL DISTRICT
SCHOOL VOLUNTEERS

VOLUNTEER REGISTRATION FORM / DISCLOSURE SHEET

In accordance with Policy 916, all volunteers must have a registration form/ disclosure sheet on file in the Fairfield Area School District Central Office.

Name _____ Phone _____

Address _____ Cell Phone _____

E-Mail _____

Are you a parent of a current FASD student?

Student's Name(s) _____ Building _____

Area of Interest (check all that apply)

- Classroom / Building District Athletic Coach Chaperone
 Other (Where? Please describe)

Name of employee/teacher you will be working with (if applicable) _____

Building Administrator Signature _____ Date _____

Athletic Director Signature (*coaching only*) _____ Date _____

As a school volunteer you may become aware of information about a student and their family which is confidential. This can include grades, performance, skill levels and other information shared in the classroom. It is imperative that this information remain strictly confidential. Discuss student behavior and/or progress **ONLY** with the teacher.

I agree that confidentiality of student information is critical, and I shall protect such information should I become aware of it.

I have received and reviewed a copy of the Fairfield Area School District Volunteer Policy. I understand the procedures and responsibilities as a volunteer, and I agree to abide by them.

Volunteer Signature

Date

Superintendent Signature

Date Approved

FAIRFIELD AREA SCHOOL DISTRICT
SCHOOL VOLUNTEERS

EMERGENCY INFORMATION FOR VOLUNTEERS

Print Name _____

Birthdate _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

Physician Preference _____ Physician's Phone _____

Special Health Problems /Allergies/Medications we should know about, i.e., bee stings, diabetes, etc.

In the event that I need emergency treatment requiring ambulance service and/or medical care, you have my permission to seek help as listed above or nearest MD/DO or ambulance/ hospital available. I will assume responsibility for fees incurred by such an emergency (via my medical insurance if applicable).

Signature **Date**

Instructions for Volunteer Clearances

NOTE: If you are obtaining your clearances for volunteer purposes ONLY, you may choose the volunteer option on each clearance website. However, **volunteer clearances will not be accepted for employment.**

PA Child Abuse History Clearance – Apply online through the Pennsylvania Child Welfare Information Solution, Child Welfare Portal at <https://www.compass.state.pa.us/cwis/public/home>. You will be required to use a credit card to pay the \$13 application fee.

- You will be directed to create a Keystone ID. Use this login and password to start the application.
- Your clearance certificate will be available through your Child Abuse History Clearance Account once your application has been processed (up to 14 days). Additionally, you can choose to have it sent to your home or mailing address.

PA State Police Criminal Record Check – Apply online through PATCH at <https://epatch.pa.gov>. You will be required to use a credit card to pay the \$22 application fee.

- If status is **No Record**, double click on the control number. This will take you to the details screen; click on **Certification Form**. Your clearance will be displayed and needs to be printed.
- If status is **Request Under Review**, you should periodically check the PATCH website to determine the final status. The result will eventually show up as **No Record** or **Record**. If it shows the latter, a clearance record response will be mailed to you. Otherwise, please navigate to your **Certificate Form** and print it.
- If status is **Pending**, you should periodically check the PATCH website to determine the final status. If it remains **Pending** for more than 24 hours, call the Help Line at 1-888-783-7972.

Only for those who have not continuously resided in PA for the past 10 years

Federal Criminal History Record Information Report – Fingerprinting required. IDEMIA manages the fingerprinting process for the PA Department of Education. You must register prior to going to the Fingerprint Center. Location addresses are listed on the website.

Registration is available online 24/7 at <https://uenroll.identogo.com>

When registering, **Enter service code: 1KG6ZJ**

Once registered, go to one of the centers with your registration ID number and a valid photo ID. Upon being fingerprinted, please provide your employer with your registration ID number. This number allows the employer to view your record online. You will be required to use a credit card to pay the \$26.20 application fee.