



FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320

www.fairfieldpaschools.org

(717) 642-8228
Fax (717) 642-2036

October 23, 2018

RE: School Volunteer Policy (including volunteer athletic coach)

To all those impacted:

The School District has enhanced our volunteer policy in order to improve the health and safety of our students. The new volunteer policy makes improvements by communicating the process for how to become a volunteer, how background clearance decisions are made, a required TB test, confidentiality and scope of work expectations for volunteers, and even a procedure for how an individual may communicate to the Principal an objection to a volunteer. There will also be a system of reporting volunteer time so the District can express our end of year appreciation.

The policy and procedure is available *here*, at the Administration office, and at each school office.

New volunteers need to;

1. Pick up the packet at the athletic office or school you intend to volunteer with and complete all forms including the background clearance applications. **Volunteers are responsible to obtain their own clearance results.**
2. Forms can be completed on line or by mail-volunteer clearances are **free of charge** if you have not received "free" clearances within the past five years. All clearances are good for a five year period.
3. You must obtain a TB test and submit a copy of the results to the Administration office

When the background clearances and TB results, along with the registration form, have been returned to the Administration office, the volunteer applicant will be notified in writing by the Superintendent's office for permission to begin volunteering.



Students First

Fairfield Area School District

ADMINISTRATIVE PROCEDURE

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) _____

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
ADMINISTRATIVE PROCEDURE

SCHOOL VOLUNTEERS –Approved: August 24, 2015

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**

Approved: August 24, 2015

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE - ACT 151

Fairfield Area School District

4840 Fairfield Road

Fairfield, PA 17320

(717) 642-8228

*Electronic Submission

The Pennsylvania Child Abuse History Clearance can now be submitted and paid for online through the **Child Welfare Information Solution (CWIS) self-service portal**. The cost \$8.00.

In order to submit your application online, you will first need to establish a **KEYSTONE ID**.

• Access the self-service portal at www.compass.state.pa.us/cwis or you can also access the portal using a link provided under "CLEARANCES" on the Pennsylvania government website, www.KeepKidsSafe.pa.gov

- In the Child Welfare Portal window, click "CREATE A NEW ACCOUNT"
- You will be presented with a welcome page. Please read and then scroll down and click "NEXT"
- Complete all fields requested. You will also be asked to set-up 3 security questions and answers that will be used in the event that you forget your password.
- Click "FINISH"

You will then receive two e-mails; (1) confirmation of the Keystone ID that you selected, and (2) one that contains your temporary password. Upon receipt, return to the self-service portal at www.compass.state.pa.us/cwis and in the Child Welfare Portal window, click "LOGIN." You will be asked to enter your Keystone ID and temporary password. You will then be prompted to set-up a new password.

Once you have your Keystone ID and password created, please refer to the following instructions to assist you with the electronic submission of your child abuse application:

- Access the self-service portal at www.compass.state.pa.us/cwis using your Keystone ID and password
- Click "CREATE CLEARANCE APPLICATION"
- Read the Getting Started information page and then click "BEGIN"
- Select appropriate APPLICATION PURPOSE - **ALL employees, prospective employees, AND volunteers must select "SCHOOL EMPLOYMENT"**

- Click "NEXT"
- Enter APPLICANT INFORMATION; click "NEXT" once complete enter all required fields; this includes providing previous names/nicknames and contact information

• Enter CURRENT ADDRESS; click "NEXT" once complete - Please note, electronic results of this clearance will be available through your PA Child Abuse History Clearance Account however, you are also given the option of receiving a paper version of your clearance certificate.

- Enter all PREVIOUS ADDRESSES since 1975; click "NEXT" once complete
- Enter HOUSEHOLD MEMBERS with whom you have lived with since 1975; click "NEXT" once complete
- You will be provided with an APPLICATION SUMMARY. Carefully review the information you entered and edit if necessary; click "NEXT" once complete
- Complete the e-SIGNATURE; click "NEXT" once complete

You will then be presented with the "APPLICATION PAYMENT" page. Answer "NO" to the question about being provided with a payment code.

- Click "SUBMIT APPLICATION"
- You will be asked to supply your credit/debit card information; click "PAY NOW" once complete
- You will be taken to a stop-over page entitled "PAYMENT COMPLETED." **Your application has not been submitted yet. You must click on "FINALIZE AND SUBMIT APPLICATION"**

- You have successfully completed the process if you receive a "SUBMISSION CONFIRMATION" page
 - Make sure you click "LOGOUT" when you are ready to leave the website
- You will receive two e-mails (if you provided an e-mail address during your application submission). The first e-mail will confirm that your application was successfully received. The second e-mail is notification that your application was processed and your results are ready to be viewed.

To review your results electronically, access the self-service portal at www.compass.state.pa.us/cwis . Log in using your Keystone ID and password. As you scroll down the page, you will see your e-Clearance ID number and below that, a green icon stating that "Your Application Has Been Processed." Click where indicated to access your paper certificate. Print out two copies; one to submit to Human Resources and the other for your records. By law, Human Resources CANNOT provide a copy of the clearance results to the applicant.

***Paper Submission**

The Pennsylvania Child Abuse History Clearance form can be found on the Pennsylvania government website, www.KeepKidsSafe.pa.gov. (There is also a link to this website on the Department of Human Services (formerly the Department of Public Welfare) homepage, www.dhs.state.pa.us .) Complete the following steps in order to retrieve the required form:

- On the left-hand side of the homepage, click "DOWNLOAD THE PA CHILD ABUSE HISTORY CLEARANCE FORM"
- Go to page 3 of the form, "Directions to Complete the Pennsylvania Child Abuse History Clearance Application." Only Section 1, or the first page of the application, must be completed. Page 2 is for the Department of Human Services (DHS) use only.

Please note that for ALL employees, prospective school employees AND volunteers, the School Employee box should be checked under the "Purpose of Clearance" item on the application.

Remember to enclose an **\$8.00 money order, payable to: DEPARTMENT OF PUBLIC WELFARE**, for each application. No cash or personal checks are accepted. Agency or business checks are acceptable. Do not send any postage paid return envelopes.

Mail application to: **CHILDLINE AND ABUSE REGISTRY
DEPARTMENT OF PUBLIC WELFARE
P.O. BOX 8170
HARRISBURG, PA 17105-8170**

Clearance results will be mailed directly to you and not the District. You must bring the original clearance results in to the Human Resources Department for review. A copy will be made and the original returned to you for your records.

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having contact with children" may be obtained free of charge once every 57 months.

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

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

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|---|---|
| <input type="checkbox"/> Foster parent
<input type="checkbox"/> Prospective adoptive parent
<input type="checkbox"/> Employee of child care services
<input type="checkbox"/> School employee governed by the Public School Code
<input type="checkbox"/> School employee not governed by the Public School Code
<input type="checkbox"/> Self-employed provider of child-care services in a family child-care home
<input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee
<input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program
<input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent, licensed child-care home, family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having contact with children
If purpose is volunteer having contact with children, choose SUB PURPOSE:
<input type="checkbox"/> Big Brother/Big Sister and/or affiliate
<input type="checkbox"/> Domestic violence shelter and/or affiliate
<input type="checkbox"/> Rape crisis center and/or affiliate
<input type="checkbox"/> Other: _____

<input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">OIM/CAO PHONE NUMBER</div> </div> |
|---|---|

AGENCY/ORGANIZATION NAME

PAYMENT AUTHORIZATION CODE, IF APPLICABLE

Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)				
Name (First, Middle, Last)	Relationship	Present Age	Gender	
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I affirm 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). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #
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**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE

<https://epatch.state.pa.us>

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 Local Number 717-425-5546 1-888-QUERYPA (1-888-783-7972)
DO NOT SEND CASH OR PERSONAL CHECK
CHECK ONE BLOCK
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
		SEX
		RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests \$10.00
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

<input type="checkbox"/> INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.		
<input type="checkbox"/> ADOPTION (DOMESTIC) <input type="checkbox"/> ATTORNEY <input type="checkbox"/> BANKING <input type="checkbox"/> BAR ASSOCIATION <input type="checkbox"/> CHURCH <input type="checkbox"/> CHILD CARE <input type="checkbox"/> EDUCATION <input type="checkbox"/> ELDER CARE <input type="checkbox"/> EMERGENCY MANAGEMENT	<input type="checkbox"/> EMPLOYMENT/SCREENING <input type="checkbox"/> FOSTER CARE <input type="checkbox"/> HEALTHCARE <input type="checkbox"/> HOUSING <input type="checkbox"/> INSURANCE LICENSE <input type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> NURSE AID TRAINING <input type="checkbox"/> OTHER _____	<input type="checkbox"/> PASSPORT <input type="checkbox"/> PRIVATE INVESTIGATIONS <input type="checkbox"/> SOCIAL SERVICES <input type="checkbox"/> TENANT CHECK <input type="checkbox"/> VISA <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER <input type="checkbox"/> VOLUNTEER

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.