



# 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

FAIRFIELD AREA SCHOOL DISTRICT  
ADMINISTRATIVE PROCEDURE

SCHOOL VOLUNTEERS

7150

7150.1 Volunteer Procedures

- 7150.1a Complete the Registration Form / Disclosure Sheet and the Emergency Information Sheet.
- 7150.1b Obtain the Principal's signature on the Registration Form.
- 7150.1c Take these completed forms to the School Office. If you have a PA Criminal Clearance and a Child Abuse Clearance (less than 1 year old), they will be accepted. If you do not have these clearances, you will need to fill out the Authorization and Consent for Release of Information form, along with the clearance forms and bring all completed paperwork with a check (\$20.00 made payable to FASD) to the School Office.
- 7150.1d Show proof of current, (less than one year old) TB test which will be kept on file at the Central Office.
- 7150.e Out-of-State volunteers must provide an FBI fingerprint clearance report prior to applying for the PA Child Abuse Clearance report. (Required by the State).
- 7150.1f When all paperwork is completed and you are authorized by the Superintendent to volunteer, you will be contacted, in writing, by the District.

Book	Policy Manual
Section	900 Community
Title	Volunteers
Code	916
Status	Active
Legal	<ol style="list-style-type: none"> <li>1. 24 P.S. 510</li> <li>2. Pol. 824</li> <li>3. 23 Pa. C.S.A. 6303</li> <li>4. 23 Pa. C.S.A. 6344</li> <li>5. 23 Pa. C.S.A. 6344.2</li> <li>6. Pol. 907</li> <li>7. 23 Pa. C.S.A. 6344.3</li> <li>8. 23 Pa. C.S.A. 6344.4</li> <li>9. 24 P.S. 1418</li> <li>10. 28 PA Code 23.44</li> <li>11. 23 Pa. C.S.A. 6311</li> <li>12. Pol. 806</li> <li>13. Pol. 123</li> <li>14. Pol. 123.1</li> <li>15. Pol. 123.2</li> <li>16. Pol. 216</li> <li>23 Pa. C.S.A. 6301 et seq</li> </ol>
Adopted	August 14, 2017

### **Purpose**

The Board supports and encourages the participation of parents/guardians and community residents to enhance the educational, cocurricular and extracurricular programs of the district.

### **Authority**

The Board may adopt and enforce reasonable rules and regulations governing volunteers and their participation in the activities of the district.[1]

The Board directs that all volunteers shall be informed of conduct that is prohibited and the disciplinary actions that may be applied for violation of Board policies, administrative regulations, rules and procedures.[1]

All volunteers shall be expected to maintain professional, moral and ethical relationships with district students that are conducive to an effective, safe learning environment.[2]

### **Definitions**

The following words and phrases, when used in this policy, shall have the meaning given to them in this section:

**Adult** - an individual eighteen (18) years of age or older.[3]

**Certifications** - refers to the child abuse history clearance statement; the state criminal history background check; and where applicable, the federal criminal history background check, required by the Child Protective Services Law.[4][5]

**Direct volunteer contact** - the care, supervision, guidance or control of children and routine interaction with children.[3]

**Person responsible for the child's welfare** - a person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control.[3]

**Routine interaction** - regular and repeated contact that is integral to a person's volunteer responsibilities.[3]

**Visitor** - a parent/guardian, adult resident, educator, official or other individual who is not a school employee or independent contractor, and who visits a school or attends or participates in an event or activity at a school, but whose role is less substantial than would be sufficient to meet the definition of volunteer for purposes of this policy.[6]

**Volunteer** - is an adult, whose role is more than that of a visitor, who voluntarily offers a service to the district without receiving compensation from the district. A volunteer is not a school employee. [5]

The two (2) classifications of volunteers are:

1. **Position Volunteer** - an adult applying for or holding an unpaid position with a school or a program, activity or service, as a person responsible for the child's welfare or having direct volunteer contact with children. Examples include, but are not limited to, field trip chaperones, tutors, coaches, activity advisor, recess or library aides, etc.
2. **Guest Volunteer** - an adult who voluntarily provides a service to the district, without compensation, who: (1) works directly under the supervision and direction of a school administrator, a teacher or other member of the school staff; and (2) does not have direct volunteer contact. Examples include, but are not limited to, volunteering to assist in classroom celebrations, school assemblies, or school concerts; reading to students; collecting tickets at sporting events; working concession stands; participating in "Career Day," etc.

### **Delegation of Responsibility**

The Superintendent or designee shall be responsible for the selection and management of volunteers and for ensuring compliance with Board policies, administrative regulations, rules and procedures.

At the discretion of the Superintendent or designee, a volunteer's service may be discontinued at any time.

The Superintendent or designee shall develop administrative regulations to implement this policy and manage the selection, use and supervision of volunteers.

### **Guidelines**

Each prospective position volunteer shall complete and submit a volunteer application.

The names of all position volunteers shall be submitted for approval by the Superintendent or designee.

The names of all guest volunteers shall be submitted for approval by the building principal or designee.

Upon approval, volunteers shall be placed on the list of approved volunteers.

Approval shall be required prior to beginning service as a volunteer.

### Certifications

Prior to approval, all position volunteers shall submit the following information:

1. PA Child Abuse History Certification - which must be less than sixty (60) months old.[5]
2. PA State Police Criminal History Record Information - which must be less than sixty (60) months old.[5]
3. Disclosure Statement for Volunteers - which is a statement swearing or affirming the applicant has not been disqualified from service by reason of conviction of designated criminal offenses or being listed as the perpetrator in a founded report of child abuse.[4][5][7]

If a position volunteer has not been a resident of Pennsylvania during the entirety of the previous ten (10) year period, the position volunteer must also submit the following information:[5]

1. Federal Criminal History Report - issued at any time since the volunteer established residency.

The Superintendent or designee shall review the information and determine if information is disclosed that precludes service as a volunteer.

Information submitted by volunteers in accordance with this policy shall be maintained centrally in a manner similar to that used for school employees.

Position volunteers shall obtain and submit new certifications every sixty (60) months.[8]

A student, eighteen (18) years of age or older, who is volunteering for an event or activity sponsored by the school in which the student is enrolled and occurring on the school's grounds, shall not be required to submit certifications except when the event or activity is for children in the care of a child-care service or the student will otherwise be responsible for the welfare of a child.[5]

### Tuberculosis Test

Prior to participating in student activities, volunteers shall undergo a test for tuberculosis, when required by and in accordance with the regulations and guidance of the Pennsylvania Department of Health.[9][10]

### Arrest or Conviction Reporting Requirements

Position volunteers shall report to the Superintendent or designee, in writing, within seventy-two (72) hours, an arrest or conviction required to be reported by law or notification that the volunteer has been named as a perpetrator in a founded or indicated report pursuant to the Child Protective Services Law.[7]

The Superintendent or designee shall immediately require a position volunteer to submit new certifications if the Superintendent or designee has a reasonable belief that the volunteer was arrested for or has been convicted of an offense required to be reported by law, was named as a perpetrator in a founded or indicated report, or has provided written notice of such occurrence.[7]

Failure to accurately report such occurrences may subject the position volunteer to disciplinary action up to and including denial of volunteer service and criminal prosecution.[7]

### Child Abuse Reporting

All volunteers who have reasonable cause to suspect that a child is the victim of child abuse shall make a report of suspected child abuse in accordance with applicable law, Board policy and administrative regulations.[11][12]

### Supervision

Each volunteer shall be under the supervision of a designated school administrator, teacher or other member of the school staff.

### Training

Volunteers shall attend orientation and training sessions, as appropriate to the nature of their volunteer service. When training is provided for school employees relating to the legal obligations of employers and educational institutions, consideration shall be given to which volunteers should also receive that training.[13][14][15][12]

### Confidentiality

No volunteer shall be permitted access to confidential student information unless the supervisor has determined that such access is necessary for the volunteer to fulfill his/her responsibilities. Volunteers with access to confidential student information shall maintain the confidentiality of that information in accordance with district policies and procedures and applicable law. If a volunteer has questions about the confidentiality of student information, the volunteer should consult with the building principal.[16]

### Acknowledgement

Each volunteer shall affirm in writing that s/he has been provided with a copy of, has read, understands and agrees to comply with this policy.



**PENNSYLVANIA CRIMINAL HISTORY CHECK – ACT 34**  
**Fairfield Area School District**  
**4840 Fairfield Road**  
**Fairfield, PA 17320**  
**(717) 642-8228**

**\* Electronic Submission**

- Access the PATCH website <https://epatch.state.pa.us> - 24 hours/day, 7 days/week
- The applicant will pay a fee of \$22.00 for the background check. When using the website, you must use a credit card to pay this fee. If you do not have a credit card, you will need to submit your application via the paper form (see “Paper Submission”)
- From the homepage, click on “Submit a New Record Check” under **Credit Card Users**
- Next, you will be presented with the Terms and Conditions for the Use of PATCH. Read carefully and click “Accept.”
- Continue through the application process by completing the requested fields (note: under REASON FOR REQUEST, select “Employment”)
- On the Record Check Results page, click on the Control # listed. This will take you to the Record Check Details page. Click on “Certification Form” on the Record Check Details page to access a printable certificate validating that a record check was conducted for the named individual (you). Please write down the Control Number and the Request Date. This information, along with a copy of the Certification Form, should be provided to the Human Resources Department in order to validate the results. Make sure you keep a copy for yourself. By law, Human Resources CANNOT provide a copy of the clearance results to the applicant.
- Once this background check has been requested, one of the following possible responses will be immediately received:
  - “NO RECORD” – indicates that there is no criminal history information contained in the files of the Pennsylvania State Police Central Repository. **THE CERTIFICATION FORM/SCREEN FOR “NO RECORD” SHOULD BE PRINTED AND USED AS THE ORIGINAL.** This will need to be returned to Human Resources. A copy will be made for your file and the original returned to you.
  - “PENDING” – indicates that a response did not come back quick enough. If this is the response received, please check the status at a later time.
  - “REQUEST UNDER REVIEW” – indicates that the user must periodically check back to determine that final status which would be either “NO RECORD” or “RECORD”
- All “RECORD” status responses will be mailed to the address provided by the applicant and this document must be provided to Human Resources. A copy will be made for your file and the original returned to you.

## \* PAPER SUBMISSION

- Request form SP4-164 from Human Resources or from the Pennsylvania State Police website: [www.psp.pa.gov](http://www.psp.pa.gov) (scroll down and click on "Request a Criminal History Record" under PSP SERVICES)
- Form must be completed in ink. Include your name, address, and telephone number as the Requester. Do not use the name or address of the District as the Requester.
- At the top right of the form (across from address field) under CHECK ONE BLOCK, check the box for "Individual/Noncriminal Justice Agency"
- Under the REASON FOR REQUEST section, check the box for "Employment/Screening"
- Enclose a certified check or money order for \$22.00, payable to the "COMMONWEALTH OF PENNSYLVANIA." NO cash or personal checks will be accepted.
- Mail application to: **Pennsylvania State Police Central Repository-164**  
**1800 Elmerton Avenue**  
**Harrisburg, PA 17110-9758**
- The State Police will process the applications as they arrive. The State Police will return the Criminal Record Check to the applicant by mail within approximately 4 weeks. To inquire on the status of your Criminal Record Check, call 1-888-QUERYPA (1-888-783-7972).
- The original background check results need to be submitted to FASD. The original will be reviewed, a copy will be made for your personnel file, and the original returned to you.

**PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK  
1-888-QUERYPA (1-888-783-7972)**

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.

**TRY OUR WEBSITE FOR A QUICKER RESPONSE  
<https://epatch.state.pa.us>**

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

<b>FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER</b>
<b>AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758</b>
<b>DO NOT SEND CASH OR PERSONAL CHECK</b>
<b>CHECK ONE BLOCK</b>
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$22.00. PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$27.00. PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

<b>SUBJECT OF RECORD CHECK</b>				
(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.

**FEEES FOR REQUESTS - \$22.00. NOTARIZED FEE REQUESTS - \$27.00.  
\*\*\*MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA \*\*\***

<b>REASON FOR REQUEST</b>				
◀◀◀◀◀CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶				
<input type="checkbox"/> INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$27.00 FOR REQUEST)				
<input type="checkbox"/> ADOPTION (DOMESTIC)	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> VISA	<input type="checkbox"/> OTHER	

**WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.**

**Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919**

# 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 \$13.00.

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](http://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](http://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](http://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](http://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](http://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](http://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](http://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 a **\$13.00 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 direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 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 direct volunteer 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<br><input type="checkbox"/> Prospective adoptive parent<br><input type="checkbox"/> Employee of child care services<br><input type="checkbox"/> School employee governed by the Public School Code<br><input type="checkbox"/> School employee not governed by the Public School Code<br><input type="checkbox"/> Self-employed provider of child-care services in a family child-care home<br><input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service<br><input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a 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<br><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 direct volunteer contact with children<br><b>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</b><br><input type="checkbox"/> Big Brother/Big Sister and/or affiliate<br><input type="checkbox"/> Domestic violence shelter and/or affiliate<br><input type="checkbox"/> Rape crisis center and/or affiliate<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\_\_\_\_\_  
SIGNATURE OF OIM/CAO REPRESENTATIVE

\_\_\_\_\_  
OIM/CAO PHONE NUMBER

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 initial's) _____	CERTIFICATION ID #