



# FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320

[www.fairfieldpaschools.org](http://www.fairfieldpaschools.org)

April 25, 2023

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 directions. 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: <https://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**

# 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 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.

## FEDERAL CRIMINAL HISTORY REPORT – ACT 114

Fairfield Area School District  
4840 Fairfield Road  
Fairfield, PA 17320  
(717) 642-8228

- ✓ Applicants **MUST** register via the following: [www.uenroll.identogo.com](http://www.uenroll.identogo.com) - (24 hours/day, 7 days/week) or 1-844-321-2101, 8:00 am – 6:00 pm **When registering, you must enter the appropriate service code for PA Department of Education – 1KG6XN.**
- ✓ The applicant will pay a fee of \$25.25 for the fingerprint clearance. This fee also provides the applicant with an unofficial copy of the results, which will be sent to his or her mailing address.
- ✓ Credit/Debit cards may be used to pay the fee online. Money orders or cashier's checks payable to "Morpho Trust" will be accepted at the fingerprint center. **NO** cash or personal checks will be accepted.
- ✓ Once registered, you may have your fingerprints taken at any of the locations listed on their site [www.identogo.com/locations](http://www.identogo.com/locations) or at: **Lincoln Intermediate Unit #12**  
**65 Billerbeck Street**  
**New Oxford, PA 17350**
- ✓ You must provide proof of identity upon arrival at the Fingerprint Center such as a state issued driver's license, state ID card, passport, etc.
- ✓ Once your fingerprints are taken at a fingerprint location, you will be issued a receipt with your **UEID (Universal Enrollment ID)**. This is the number you must provide to the human resource department so they can access your FBI clearance on-line.

More detailed information may be found at [www.identogo.com](http://www.identogo.com)

Department of Human Services  
Service Code 1KG6ZJ