



FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320

www.fairfieldpaschools.org

Karen C. Kugler
Superintendent
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(717) 642-8228
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October 18, 2016

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
2. forms can be complete online or by mail - volunteer clearances are free & good for five years.
3. obtain a TB test and submit results, along with all clearances to the Administration office

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

Thank you,

Karen C. Kugler
Superintendent



Students First

Fairfield Area School District

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

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**

**FAIRFIELD AREA
SCHOOL DISTRICT**

SECTION: COMMUNITY

TITLE: VOLUNTEERS

ADOPTED:

REVISED: August 24, 2015

916. VOLUNTEERS	
1. Purpose	<p>The Board recognizes that community volunteers can make valuable contributions to the educational, athletic, and extracurricular program. The use of community volunteers is endorsed and encouraged by the Board, subject to legal requirements and administrative procedures.</p>
2. Authority	<p>The Board authorizes the selection and use of parents/guardians, community members, and others as volunteers to assist and supplement regular district staff.</p> <p>Under no circumstances shall a volunteer be considered an employee of the district. A volunteer shall receive no wages or other valuable consideration for the performance of volunteer services. The volunteer position is not a right, but rather a privilege conferred by the Board and administration. As such, any volunteer position may be eliminated at any time for any reason or no reason. Also, any volunteer may be removed from a volunteer position for any reason or no reason.</p>
3. Definitions	<p>Assistive Volunteer – any individual who voluntarily provides services to the school district, without compensation, and who: 1) works directly under the supervision and direction of a teacher or administrator employed by the district (therefore never has unsupervised contact with children); and 2) does not provide direct services to students, as defined as “the care, supervision, guidance or control of children or routine interaction with children.” Examples of assistive volunteers include, but are not limited to: homeroom parents/guardians, individuals who volunteer to assist in the planning or conducting of classroom celebrations, concert/performance ushers, and individuals, who help manage, officiate or perform functions ancillary to an athletic event or extracurricular activities.</p> <p>Independent Volunteer/Coach – An adult individual in an uncompensated position with a program, activity or service who is individually responsible for the welfare of one or more children and has direct contact with children. Direct contact is defined as “the care, supervision, guidance or control of children or routine interaction with children.” Examples of independent volunteers include, but are not limited to: volunteer tutors, volunteer sports coaches and individuals who volunteer to provide counseling or health-related services to students.</p>

916. VOLUNTEERS

<p>5. Delegation of Responsibility</p>	<p>Independent Volunteers/Coaches must provide the following to the human resource department:</p> <ol style="list-style-type: none">1. A completed volunteer School Volunteer Disclosure Statement (Form 916) and the Emergency Information Sheet;2. Negative tuberculosis test results;3. A current (less than 1 year old) Act 34 (Criminal Background Check)\ Pennsylvania State Police Criminal Record Clearance.4. A current (less than 1 years old) Act 151 (Child Abuse History) Pennsylvania Child Abuse History Clearance. <p>A current (less than 1 year old) Federal Bureau of Investigation Criminal History Clearance, which is not required if the volunteer has been a resident of PA for the entirety of the previous 10 years and completes a volunteer verification form;</p> <p>The cost to procure the State Police Criminal Record Check, the Child Abuse History Clearance Check, and the Federal Bureau of Investigation Criminal Background Check, shall be the responsibility of the volunteer candidate.</p> <p>There is no cost to the volunteer for the State Police Criminal Record Check or the Child Abuse History Clearance. However, the cost to procure the Federal Bureau of Investigation Criminal Background Check shall be the responsibility of the volunteer candidate.</p> <p>A volunteer will exhibit interest in the educational program, enjoyment in helping children, and a sincere belief that by volunteering, a contribution will be made to the learning process.</p> <ol style="list-style-type: none">1. Professional staff in each building that use volunteers in any capacity will be responsible for orienting the volunteers to perform the specific duties associated with their assignments.2. The building administrator or designee will assume general authority and responsibility over all volunteers serving at the site.3. Volunteers will meet any standards that may be established by federal, state, or local government, or by the Board or administration, from time to time. The volunteer must agree to be bound by all applicable privacy laws and regulations. In addition, the volunteer will adhere to all rules, regulations and administrative guidelines governing the conduct of the district's professional employees.
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916. VOLUNTEERS

4. Volunteers will not be permitted to directly administer student discipline nor will they be permitted to administer first aid, except in the case of emergency.

5. The volunteer will sign the district's School Volunteer Disclosure Statement acknowledging the receipt and review of this policy.

6. A paid or unpaid individual who is an integral part of a regularly scheduled program, activity or services who accepts responsibility for a child is a mandated reporter of child abuse.

A district volunteer who has contact with a child through a regularly scheduled program, activity or service is required by law to report suspected child abuse pursuant to Policy 806.

Exemptions

Volunteers exempted from the mandated reporter training would include members of Booster and parent organizations that are exclusively involved in fundraising efforts that do not involve in-school work.

Transportation

Volunteers who transport students in personal vehicles are not covered by insurance provided by the school district. Insurance coverage in this situation is through the volunteer's own insurance carrier. Prior to any volunteer assuming the responsibility of transporting a student, parent/guardian permission must be acquired through school district processes. Such permission may not be garnered through mutual consent between volunteer and parent/guardian. If a parent/guardian does grant permission for such transportation arrangement through district processes, the volunteer will sign a school district form regarding the assumption of such risk.

Insurance Coverage

The District carries liability coverage which extends to volunteers while acting within the scope of their assigned duties on behalf of the district, subject to standard insurance policy limitations, except as stated above.

**FAIRFIELD AREA SCHOOL DISTRICT
VOLUNTEERS – ADMINISTRATIVE REGULATIONS**

916 -AR. VOLUNTEERS

All parents/guardians, community members and other individuals wishing to serve as a volunteer to assist and supplement regular district staff are required by Fairfield Area School District Policy 916 to have proper paperwork on file in the Administration Office. This includes any volunteer who will direct care, control, or supervision with students such as helping in the classroom or chaperoning a field trip.

- I. All volunteers must provide copies of the following forms to the Human Resource Department:
1. Complete a volunteer disclosure sheet. (Form 916) and the Emergency Information Sheet.
 2. Submit negative tuberculosis test results.
 3. Submit a current (less than 1 years old) Act 34 Pennsylvania State Policy Criminal Record Clearance.
 4. Submit a current (less than 1 years old) Act 151 Pennsylvania Child Abuse History Clearance.
 5. Submit a current (less than 1 years old) Federal Bureau of Investigation Criminal History Clearance, which is not required if the volunteer has been a resident of PA for the entirety of the previous 10 years and completes a volunteer verification form.

- II. Distribution of materials for registering as a Volunteer:

The following materials will be made available for volunteers in the Administration Building, at the individual buildings or can be obtained from the District website.

1. Volunteer Information and Instructions
2. Volunteer Registration Disclosure Sheet
3. Emergency Information for Volunteers
4. Required Clearance Forms
5. Volunteer Verification

- III. Handling of Volunteer Records:

All volunteer records will be considered confidential information and will be filed in the Administration Building.

A database of volunteers available for assignment will be kept current and made available to all buildings.

Records of successful tuberculosis screening will be maintained.

IV. Enforcement of Policy:

Building principals and secretaries will be responsible for maintaining enforcement of the policy, by checking the database to make sure that all active volunteers have complied with the policy. Volunteers may not be called into service who are not registered in the database.

V. Training and Supervision of Volunteers:

Proper orientation, training and supervision of volunteers will be the responsibility of the building principal, program coordinator or other staff so designated by the principal or program coordinator. Care should be taken to familiarize volunteers with the building in which they are working, including such issues as parking, restroom facilities and appropriate space for a break.

VI. Recognition of Volunteers:

Recognition of volunteer efforts will be the responsibility of each building principal or program coordinator.

VII. Student Volunteers:

District high school students who are 18 or over, assisting with school district programs and events, are only required to submit Form 6004 for clearance. The teacher, coach or other school employee in charge of the event is responsible for the completion and validation of the clearance form.

Approved: August 24, 2015

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 SU 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) |
|---|--|

SIGNATURE OF DIM/CAC REPRESENTATIVE

DIM/CAC 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	Gend.
	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		

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

YES NO

VALID PAYMENT AUTHORIZATION CODE

WAIVED (supervisor initials) _____

CERTIFICATION ID #

INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

General:

- Type or print clearly and neatly in ink only
- 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 for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
 - Child day care centers, group day care homes, family day care homes, boarding homes for children, juvenile detention center services or programs for delinquent or dependent children, mental health services for children, services for children with intellectual disabilities, early intervention services for children, drug and alcohol services for children, and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
 - (2) An area vocational-technical school.
 - (3) A joint school.
 - (4) An intermediate unit.
 - (5) A charter school or regional charter school.
 - (6) A cyber charter school.
 - (7) A private school licensed under the act of January 28, 1988 (P.L. 24, No. 11), known as the Private Academic Schools Act.
 - (8) A private school accredited by an accrediting association approved by the state Board of Education.
 - (9) A non-public school.
 - (10) An institution of higher education.
 - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
 - (12) The Hiram G. Andrews Center.
 - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
 - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employer is with a program, activity, or service, as a person responsible for the child's welfare or having direct contact with children.
 - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
 - Check the box for **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** if you are an adult household member, excluding an individual with an intellectual disability or chronic psychiatric disability receiving services, in one of these types of settings and require certification.
 - Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
 - Check the **volunteer having contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct

volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the other box and write name of the organization in the space provided.

- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a **"PAYMENT AUTHORIZATION CODE"** by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to applicant's home address and not to the third party.

Applicant Demographic Information:

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary. **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

Address:

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note:** If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

Contact Information:

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

Previous Names Used Since 1975:

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

Previous Addresses Since 1975:

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

Household Members:

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

Signature:

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

CHILDLINE USE ONLY:

- Please **DO NOT WRITE** in this section. This is for CHILDLINE staff only.

Additional Information:

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.

CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I, _____, hereby authorize the
Department of Public Welfare, ChildLine to release my Pennsylvania Child Abuse
History Clearance information directly to
FAIRFIELD AREA SCHOOL DISTRICT

I understand that this information is confidential in nature pursuant to
§6340 (relating to information in confidential reports) of the Child Protective
Services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released
by the FAIRFIELD AREA SCHOOL DISTRICT without my
express authorization or pursuant to authorization by Title 55 of the Pennsylvania
Code. I understand that the aforementioned information will not be released
directly to me _____ as stated in the
Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse
History Clearance directly from ChildLine; however, I may request a copy of my
Pennsylvania Child Abuse History Clearance from
FAIRFIELD AREA SCHOOL DISTRICT upon written request.

I have read this Consent/Release of Information Authorization form and
fully understand and agree to its content. I further understand and agree to all
information and ramifications of the Pennsylvania Child Abuse History Clearance
application as it otherwise relates to this consent.

Date

Applicant's Signature

FAIRFIELD AREA SCHOOL DISTRICT
ATTN: CHARLA ACKER
4840 FAIRFIELD ROAD
FAIRFIELD, PA 17320

