

# VOLUNTEER REGISTRATION CHECKLIST

Please use the checklist below to ensure you submit all required forms to the District Office (only completed packets will be accepted).

- \_\_\_\_\_ Volunteer Registration Form
- \_\_\_\_\_ PA State Criminal Record Check Clearance
- \_\_\_\_\_ PA Child Abuse History Clearance (with Seal)
- \_\_\_\_\_ PDE FBI Fingerprint **OR** a statement confirming PA residency during the entirety of the previous 10 years (included in the Self-Reporting Commitment Form).  
**Department of Human Services Fingerprint Clearance is not acceptable.**
- \_\_\_\_\_ PDE Arrest/Conviction Report and Certification form.
- \_\_\_\_\_ Employee/Volunteer Self-Reporting Commitment Form
- \_\_\_\_\_ Acknowledgment of Policies 806 and 916
- \_\_\_\_\_ Signed doctor's note or form confirming negative TB test (dated within 90 days of submission of packet)
- \_\_\_\_\_ Volunteer Emergency Contact Form

## **\*\* FOR S.E.R.V.E.S. VOLUNTEERS ONLY\*\***

**Program for retired district residents who can earn tax rebates in exchange for volunteer services.**

- \_\_\_\_\_ IRS W-4 Form (obtain at District Office)
- \_\_\_\_\_ Copy of Social Security Card



# Elizabethtown Area School District

600 East High Street. Elizabethtown, PA. 17022 – Phone: 717-367-1521 – Fax: 717-367-1920  
www.etownschools.org

## Volunteer Registration

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ S.E.R.V.E.S. \_\_\_\_\_ (y/n)

### Skills and interest

- |                                    |                                       |  |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Art       | <input type="checkbox"/> Custodian    | <input type="checkbox"/> Library         |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Field Day    | <input type="checkbox"/> Mini Thon       |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Field Trip   | <input type="checkbox"/> Music           |
| <input type="checkbox"/> Clerical  | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Performing Arts |
|                                    |                                       | <input type="checkbox"/> PTO             |

Other: \_\_\_\_\_

Additional Details (include specific activities or sports and any specific skills you would like to contribute to the District)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Student's Name and School or Schools/Departments

Please list the student's name/school/grade and/or departments where you would like to volunteer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization and Acknowledgement

*I hereby give The Elizabethtown Area School District the right to review any and all clearances required by Pennsylvania law and District Policy. The Elizabethtown Area School District may use the information for the purpose of evaluating my fitness to volunteer with children and students and may report the information as permitted by law.*

*I understand that failure to accurately report required information (including omissions) shall subject me to discipline, up to and including denial of volunteer opportunities, and may subject me to civil and criminal penalties.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To complete your registration, please complete and submit the following clearances and certifications to HR.

- \_\_\_\_\_ PA State Police Criminal History Report
- \_\_\_\_\_ PA Department of Human Services Child Abuse Report
- \_\_\_\_\_ Federal Criminal History Report
- \_\_\_\_\_ PDE Arrest/Conviction Report and Certification Form
- \_\_\_\_\_ Employee/Volunteer Self-Reporting Commitment Form
- \_\_\_\_\_ Acknowledgement of Policies 806 and 916 related to child abuse and volunteer services
- \_\_\_\_\_ Results of a tuberculosis test completed within the last 90 days

FOR HR USE ONLY: Date Received \_\_\_\_\_

## VOLUNTEER - OBTAINING CLEARANCES

### **PA State Police Criminal History Report - <https://epatch.state.pa.us/Home.jsp>**

- New Volunteer Record Check, Agree to the Terms
- Enter your information, Next
- Verify your information, Proceed
- Enter your information, Submit this request
- Submit
- Click on Control # then click on Certification Form and then print the form

You may also use Form SP-164, Pennsylvania State Police Request for Criminal Record Check, and mail a money order to the PA State Police with the application. The form may also be downloaded from the PATCH website.

### **PA Department of Human Services Child Abuse Report – PA COMPASS system.**

- To Register on COMPASS:
  - Go to the [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis).
  - Select 'Create a New Account' (Keystone ID – you create this ID) and complete all requested information to create a username.
  - COMPASS will e-mail a temporary password.
  - Return to [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) and login using your user name and temporary password.
  - Create and remember your own password
- To request clearances on COMPASS:
  - Go to the [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis)
  - Login
  - Read information and disclaimers
  - Scroll to the bottom of the page and select 'Continue' on the right-hand side of the page
  - Select 'Create Clearance Application'
  - Read the information on the 'Getting Started' page
  - Select 'Begin' at the bottom right of the page
  - Select 'Volunteer - Having contact with children...' for your free clearance report
  - Complete and submit application

### **The Federal Criminal History Report - Identogo.**

- Go to <https://uenroll.identogo.com/>
- Enter Code 1KG6XN (PA School Districts Code)
- Click Schedule Appointment
- Enter your essential information, additional information, Citizenship, answer personal questions (Alias is maiden name), personal information, mailing address, and enter document information
- Enter Elizabethtown, PA in Search for Enrollment Center, search, pick a location, select a date and time
- Go to your appointment and be sure to bring your documentation (driver's license or other documentation you entered) and an acceptable payment type – cost \$23.85
- Telephone registration is also available by calling 1-844-321-2101 Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

### **Submission to Human Resources**

- Submit the original documents to Jill Foster in HR at [jill\\_foster@etownschools.org](mailto:jill_foster@etownschools.org) or 717-367-1521 x10016
- PA State Police – Response for Criminal Record Check (State Police Seal in the background)

- PA Child Abuse History Clearance (Department of Public Welfare Seal at the bottom)
- Submit your UE ID number for your fingerprinting

**ARREST/CONVICTION REPORT AND CERTIFICATION FORM**  
 (under Act 24 of 2011 and Act 82 of 2012)

**Section 1. Personal Information**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other names by which you have been identified: \_\_\_\_\_

**Section 2. Arrest or Conviction**

By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

**Details of Arrests or Convictions**

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

\_\_\_\_\_

\_\_\_\_\_

**Section 3. Child Abuse**

By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

**Section 4. Certification**

*By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

**PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.**

## LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:
 

<ul style="list-style-type: none"> <li>▪ Chapter 25 (relating to criminal homicide)</li> <li>▪ Section 2702 (relating to aggravated assault)</li> <li>▪ Section 2709.1 (relating to stalking)</li> <li>▪ Section 2901 (relating to kidnapping)</li> <li>▪ Section 2902 (relating to unlawful restraint)</li> <li>▪ Section 2910 (relating to luring a child into a motor vehicle or structure)</li> <li>▪ Section 3121 (relating to rape)</li> <li>▪ Section 3122.1 (relating to statutory sexual assault)</li> <li>▪ Section 3123 (relating to involuntary deviate sexual intercourse)</li> <li>▪ Section 3124.1 (relating to sexual assault)</li> <li>▪ Section 3124.2 (relating to institutional sexual assault)</li> <li>▪ Section 3125 (relating to aggravated indecent assault)</li> <li>▪ Section 3126 (relating to indecent assault)</li> <li>▪ Section 3127 (relating to indecent exposure)</li> <li>▪ Section 3129 (relating to sexual intercourse with animal)</li> <li>▪ Section 4302 (relating to incest)</li> <li>▪ Section 4303 (relating to concealing death of child)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Section 4304 (relating to endangering welfare of children)</li> <li>▪ Section 4305 (relating to dealing in infant children)</li> <li>▪ A felony offense under section 5902(b) (relating to prostitution and related offenses)</li> <li>▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)</li> <li>▪ Section 6301(a)(1) (relating to corruption of minors)</li> <li>▪ Section 6312 (relating to sexual abuse of children)</li> <li>▪ Section 6318 (relating to unlawful contact with minor)</li> <li>▪ Section 6319 (relating to solicitation of minors to traffic drugs)</li> <li>▪ Section 6320 (relating to sexual exploitation of children)</li> </ul>
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- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as “The Controlled Substance, Drug, Device and Cosmetic Act.”
- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
  - the United States; or
  - one of its territories or possessions; or
  - another state; or
  - the District of Columbia; or
  - the Commonwealth of Puerto Rico; or
  - a foreign nation; or
  - under a former law of this Commonwealth.

- **A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.



# Elizabethtown Area School District

## EMPLOYEE/VOLUNTEER SELF-REPORTING COMMITMENT FORM

Required by SD Policies 916 (Volunteers); 806 (Child Abuse); 818 (Contracted Services); 819 (Background Checks)

This form supplements PDE-6004 Arrest/Conviction Report and Certification Form.

**I swear/affirm to all of the following information:**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Cogent Systems Registration ID # \_\_\_\_\_

\_\_\_\_\_ I am not a Pennsylvania resident \_\_\_\_\_ I have been a Pennsylvania since \_\_\_\_\_

\_\_\_\_\_ I have provided the District with a Pennsylvania State Police Criminal History Report, a Federal Criminal History Report, and a Pennsylvania Department of Human Services Child Abuse Report, in all cases dated within the past 1 year.

\_\_\_\_\_ I have not provided these items, but have submitted requests for the required reports, and have provided the District with copies of the request documents.

I have never been named as a perpetrator in a founded or indicated report of child abuse.

Except as noted below, I have not been arrested or convicted for any of the following offenses under the Pennsylvania Crimes Code (Title 18 of the Pennsylvania Consolidated Statutes) or other statute as indicated below or a similar crime under the law of any other state, the United States, a United States territory or possession, the District of Columbia, the Commonwealth of Puerto Rico, or a foreign nation.

- |   |  |
|---|--|
| Chapter 25 (relating to criminal homicide)                                  | Section 4302 (relating to incest)  |
| Section 2702 (relating to aggravated assault)                               | Section 4303 (relating to concealing death of a child)   |
| Section 2706 (relating to terroristic threats)                              | Section 4304 (relating to endangering welfare of children)   |
| Section 2709 (relating to harassment)                                       | Section 4305 (relating to dealing in infant children)  |
| Section 2709.1 or former Section 2709(b) (relating to stalking)             | A felony offense under Section 5902(b) (relating to prostitution and related offenses)                       |
| Section 2901 (relating to kidnapping)                                       | Section 5903 (c) or (d) (relating to obscene and other sexual materials and performances)                    |
| Section 2902 (relating to unlawful restraint)                               | Section 6301 (relating to corruption of minors)  |
| Section 2910 (relating to luring a child into a motor vehicle or structure) | Section 6312 (relating to sexual abuse of children)  |
| Section 3121 (relating to rape).  | Section 6318 (relating to unlawful contact with minor)   |
| Section 3122.1 (relating to statutory sexual assault)                       | Section 6319 (relating to solicitation of minors to traffic drugs)   |
| Section 3123 (relating to involuntary deviate sexual intercourse)           | Section 6320 (relating to sexual exploitation of children)   |
| Section 3124.1 (relating to sexual assault)                                 | Any offense under "The Controlled Substance Drug, Device and Cosmetic Act," 35 P.S. § 780-101 <i>et seq.</i> |
| Section 3124.2 (relating to institutional sexual assault)                   | Any offense under the "Pennsylvania Uniform Firearms Act," 18 P.S. § 6101 <i>et seq.</i>                     |
| Section 3125 (relating to aggravated indecent assault)                      | Any offense under 75 Pa.C.S. § 3802 (relating to driving under influence of alcohol or controlled substance) |
| Section 3126 (relating to indecent assault)                                 |  |
| Section 3127 (relating to indecent exposure)                                |  |
| Section 3129 (relating to sexual intercourse with animal)                   |  |

Details of arrests or convictions: \_\_\_\_\_

I will immediately report to the District (and to my employer if I am employed by an employer that has a contract with the District) if at any time in the future while still employed by or providing services to the District I am arrested or convicted for any offense as set forth above [or any other offense under any criminal code] – or if I am named as a perpetrator in a founded or indicated report of child abuse.

**The above information is true and correct. This statement is made subject to penalties of criminal law for false statements to government officials.**

Date \_\_\_\_\_

Name \_\_\_\_\_  
type/print

Signature \_\_\_\_\_





**ELIZABETHTOWN AREA SCHOOL DISTRICT**  
DISTRICT OFFICE

**VOLUNTEER ACKNOWLEDGEMENT  
OF POLICY NO. 916/VOLUNTEERS AND  
POLICY NO. 806/CHILD ABUSE**

Required by SD Policy 916 (Volunteers)  
Policies can be found on our District Website, Our District tab, Volunteers  
Click on Board Policy - Volunteers

I have read, understand, and agree to comply with all provisions of School District  
Policy No. 916/Volunteers and Policy No. 806/Child Abuse.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Type/Print

Signature: \_\_\_\_\_

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*Every Student Graduates Ready to Live, Learn, and Thrive in a Global Community*

600 EAST HIGH STREET ELIZABETHTOWN, PA 17022  
PHONE: (717) 367-1521 FAX: (717) 367-1480 WEBSITE: WWW.ETOWNSCHOOLS.ORG

## **VOLUNTEER - OBTAINING TUBERCULOSIS TEST RESULTS**

Tuberculosis testing may be completed by scheduling an appointment with your family physician or by visiting the following testing location, which may charge a reduced fee.

Tuberculosis test must be dated within 90 days of becoming a volunteer.

### **Lancaster General Health Express Location for TB Testing:**

**Giant Food Store – Please call prior to arrival to confirm hours of operation.**

- 1605 Lititz Pike, Lancaster, PA 17601  
Phone: (717) 735-3995  
Hours: Monday – Friday, 8 a.m. – 7 p.m.;  
Saturday, 8 a.m. – 6 p.m.; Sunday 11 a.m. – 5 p.m.

**\*\*Please Note:** You will incur an out-of-pocket expense. Please visit <http://www.lghealthexpress.org/Home.aspx> for insurance coverage and other information.

# VOLUNTEER EMERGENCY INFORMATION

Name: \_\_\_\_\_ Bldg/Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Physician: \_\_\_\_\_ Dr.'s Phone \_\_\_\_\_

Health Problems/Allergies/Medications/Etc. we should know about:

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Person to Call in Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone : 1. \_\_\_\_\_ 2. \_\_\_\_\_

Hospital Choice: \_\_\_\_\_ Ambulance Choice: \_\_\_\_\_

*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 the nearest MD/DO or ambulance/hospital available. I will assume responsibility for fees incurred by such an emergency. My medical insurance, if applicable \_\_\_\_\_  
(medical insurance carrier)*