

Annville-Cleona School District



*Engage
Inspire
Empower*

Dr. Krista M. Antonis – Superintendent
Mr. Steven Ritter – Director of Business

Dear Volunteer,

If you are planning to volunteer in our schools, you are required to complete the items in the checklist below.

Volunteer Requirements:

- State Police Criminal History Background Check - <https://epatch.state.pa.us/>
 - Free for volunteers
 - Must be less than 5 years old

- Child Abuse Background Check - <https://www.compass.state.pa.us/CWIS>
 - Free for volunteers
 - Must be less than 5 years old

- FBI Criminal History Record - <https://uenroll.identogo.com/>
 - \$21.35 for Volunteers
 - Must be less than 1 year old upon initial application
 - Use Service Code 1KG6Y3 –Pennsylvania PDE-Volunteer
 - *Volunteers (excluding coaches) are not required to obtain the FBI fingerprint clearance IF he/she has lived in the Commonwealth of Pennsylvania for the last ten (10) year period AND signs an affidavit (page 2).**

- TB Test – can be obtained from personal physician and does not need to be repeated
 - Volunteer’s expense (varies)
 - Must be read within the last 3 months when submitted to District Office

- Mandated Reporter Training – www.reportabusepa.pitt.edu
 - [Can be completed online](#)
 - [Certificate may be submitted to District Office/emailed to \[hr@acschools.org\]\(mailto:hr@acschools.org\)](#)

- Volunteer Agreement (page 4-5)

- Arrest/Conviction Report and Certification Form (pages 6-8)

You will need to bring the items listed above to the district office. Copies will be made and all originals will be returned to you. Once these items are completed, you will be able to volunteer. If you have any questions, please call the District Office at 717-867-7600 ext. 5005.

Annville-Cleona School District



*Engage
Inspire
Empower*

Dr. Krista M. Antonis – Superintendent
Mr. Steven Ritter – Director of Business

Commonwealth of Pennsylvania
County of Lebanon

**ANNVILLE-CLEONA SCHOOL DISTRICT
AFFIDAVIT OF QUALIFICATION FOR VOLUNTEER SERVICE
(Pursuant to Act 153 of 2014)**

Applicant's Name _____ Phone Number _____

Date of Birth _____ Address _____

Pennsylvania statute 23 Pa. C.S.A. § 6344 requires that adults who work with children submit criminal history record information and certification as to whether the applicant is named in the Pennsylvania database as the alleged perpetrator in a pending child abuse investigation or as the perpetrator of a founded report or an indicated report. A fingerprint based federal criminal history (FBI) submitted through the Pennsylvania State Police or its authorized agent shall not be required if the following affidavit for qualification for unpaid volunteer service with the Annville-Cleona School District is provided pursuant to 23 Pa. C.S.A. § 6344.2.

1. I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) year period from the date of this Affidavit.
2. I have not been convicted of an offense similar in nature to those crimes listed in section 23 Pa. C.S.A. § 6344(c) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.
 - (a) Chapter 25 (relating to criminal homicide)
 - (b) Section 2702 (relating to aggravated assault)
 - (c) Section 2709.1 (relating to stalking)
 - (d) Section 2901 (relating to kidnapping)
 - (e) Section 2902 (relating to unlawful restraint)
 - (f) Section 3121 (relating to rape)
 - (g) Section 3122.1 (relating to statutory sexual assault)
 - (h) Section 3123 (relating to involuntary deviate sexual intercourse)
 - (i) Section 3124.1 (relating to sexual assault)
 - (j) Section 3125 (relating to aggravated indecent assault)
 - (k) Section 3126 (relating to indecent assault)
 - (l) Section 3127 (relating to indecent exposure)
 - (m) Section 4302 (relating to incest)
 - (n) Section 4303 (relating to concealing death of child)
 - (o) Section 4304 (relating to endangering welfare of children)
 - (p) Section 4305 (relating to dealing in infant children)
 - (q) A felony offense under section 5902 (b) (relating to prostitution and related offenses)
 - (r) Section 5903 (c) or (d) (relating to obscene and other sexual materials and performances)
 - (s) Section 6301 (relating to corruption of minors)
 - (t) Section 6312 (relating to sexual abuse of children)
 - (u) The attempt, solicitation or conspiracy to commit any of the above offenses; and

Annville-Cleona School District



*Engage
Inspire
Empower*

Dr. Krista M. Antonis – Superintendent
Mr. Steven Ritter – Director of Business

- I have not been convicted of a felony offense under the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within the last five (5) years.

I hereby affirm that the information in this affidavit is true and correct to the best of my knowledge and belief and that the signature is being made subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities which is a misdemeanor of the third degree punishable by up to one year imprisonment.

Signature: _____ Date: _____

Printed Name: _____

Annville-Cleona School District



*Engage
Inspire
Empower*

Dr. Krista M. Antonis – Superintendent
Mr. Steven Ritter – Director of Business

VOLUNTEER

Name: _____ Email: _____

Child(ren)'s Name(s): _____ Phone: _____

Program(s): _____

I understand the following information regarding a volunteer position at Annville-Cleona School District:

1. This is not a paid position and will not become a paid position at any time during this assignment.
2. I must present a State Police Criminal History background check to the District Office that was obtained within the last 5 years.
3. I must present a Child Abuse background check to the District Office that was obtained within the last 5 years.
4. I must present an FBI Fingerprint report to the District Office **OR** complete the volunteer affidavit (if applicable) and present it to the District Office. Both must be less than 1 year old upon initial submission.
5. I must renew all required clearances every five (5) years to be able to volunteer.
6. I must complete an Arrest/Conviction Report and Certification form.
7. I must present an original tuberculin skin test form to the District Office. The test must be administered within 3 months prior to the date the District receives the form.
8. I must complete Act 126 mandated reporter training every five (5) years.
9. If I am arrested or convicted of a crime(s) listed in School Code §111, I will report them to Annville-Cleona School District within 72 hours of their occurrence using the PDE-6004 form.
10. 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]
10. I agree to comply with the rules and regulations set forth by the Annville-Cleona School District.
11. I have read and understand the contents of Annville-Cleona's Student Handbook.
12. I understand that while I am a volunteer, I am subject to the guidelines set forth by the Annville-Cleona School District policies.
13. If the Annville-Cleona School District feels that it is necessary to terminate my position, they may do so.

Annville-Cleona School District



*Engage
Inspire
Empower*

Dr. Krista M. Antonis – Superintendent
Mr. Steven Ritter – Director of Business

14. I understand that volunteers are not covered under Annville-Cleona’s Worker’s Compensation Insurance Plan.
15. 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.

Volunteer _____
Signature

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"> ▪ Chapter 25 (relating to criminal homicide) ▪ Section 2702 (relating to aggravated assault) ▪ Section 2709.1 (relating to stalking) ▪ Section 2901 (relating to kidnapping) ▪ Section 2902 (relating to unlawful restraint) ▪ Section 2910 (relating to luring a child into a motor vehicle or structure) ▪ Section 3121 (relating to rape) ▪ Section 3122.1 (relating to statutory sexual assault) ▪ Section 3123 (relating to involuntary deviate sexual intercourse) ▪ Section 3124.1 (relating to sexual assault) ▪ Section 3124.2 (relating to institutional sexual assault) ▪ Section 3125 (relating to aggravated indecent assault) ▪ Section 3126 (relating to indecent assault) ▪ Section 3127 (relating to indecent exposure) ▪ Section 3129 (relating to sexual intercourse with animal) ▪ Section 4302 (relating to incest) ▪ Section 4303 (relating to concealing death of child) 	<ul style="list-style-type: none"> ▪ Section 4304 (relating to endangering welfare of children) ▪ Section 4305 (relating to dealing in infant children) ▪ A felony offense under section 5902(b) (relating to prostitution and related offenses) ▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances) ▪ Section 6301(a)(1) (relating to corruption of minors) ▪ Section 6312 (relating to sexual abuse of children) ▪ Section 6318 (relating to unlawful contact with minor) ▪ Section 6319 (relating to solicitation of minors to traffic drugs) ▪ Section 6320 (relating to sexual exploitation of children)
---	---
- (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.

**Annville-Cleona School District
Administrative Procedures**

Title: Community Volunteers

Purpose: The administration recognizes that volunteers provide a valuable service to our district and students and these guidelines were developed to facilitate their service.

Policy: Policy 916 - Community Volunteers

Date Guidelines
Approved/Amended: July 2013

General Procedures

Volunteer – shall mean any person who has long-term or continued exposure to students on a regular basis, exceeding ten (10) hours in a school year. If questioned, the determination of whether a person is a volunteer or a guest will be determined by the building principal.

Individuals working in direct contact, or with access to students in excess of ten (10) hours in a school year, shall comply with the mandatory state and federal background check requirements for criminal history and child abuse. Volunteers will assume all costs associated with obtaining clearances.

All volunteers will submit the results of a tuberculosis test, administered in accordance with the regulation of the PA Department of Health and School Code. Volunteers will assume all costs associated with obtaining this test.

Volunteers are bound by all applicable privacy laws and regulations and shall adhere to all policies, rules, regulations and administrative guidelines governing the conduct of employees of the school district.

Volunteers shall not be asked to assume the professional responsibilities of the school staff. Volunteers may provide assistance that is supportive, when under the direction of a staff member.

Under no circumstances shall a volunteer be considered an employee of the district. The volunteer position is not a right, but rather a privilege. As such, any volunteer position or volunteer may be eliminated at any time for any reason or for no reason.

Teachers and coaches must refer all volunteers to the building principal/athletic director who will determine if clearances are needed.

Volunteers will complete the attached Volunteer Sheet and will be offered insurance through the PSBA Risk Management program at their own cost.

Additionally, the following individuals must also meet the requirements of these guidelines:

1. Anyone serving as a volunteer long-term and approved by the board for extra-curricular and co-curricular positions.
2. Anyone serving as a chaperone on overnight trips.
3. Contractors that meet certain requirements of the school code – their clearances must be sent to the human resources department prior to the beginning date of service.

PSBA VOLUNTEER RISK MANAGEMENT PROGRAM

Accidental Death and Medical Insurance for school entity volunteers not covered by Workers' Compensation Insurance.

Who is eligible for benefits?

All unpaid volunteers while providing services to the school entity.

Annual coverage includes:

Medical expenses resulting from an accident	\$5,000
Dental expenses resulting from an accident	\$500
Deductible amount (medical/dental)	\$25
Accidental loss of:	
Life	\$20,000
Both hands and feet	\$15,000
Sight of both eyes	\$15,000
Speech and hearing	\$10,000
Hand or foot	\$7,500
Sight of one eye	\$7,500
Speech or hearing	\$7,500
Thumb and index finger	\$5,000

Primary coverage – pays without regard to other coverage or medical plan. Benefits payable for accidental injuries reported within one year of occurrence.

The program does not cover loss caused by or resulting from the following:

- Intentionally self-inflicted injuries.
- Suicide while sane; attempted suicide while sane.
- Illness; disease; normal pregnancy or resulting childbirth or miscarriage; and bacterial infection except bacterial infection of an accidental bodily injury or if death results from the accidental ingestion of a substance contaminated by bacteria.
- An act of declared or undeclared war.
- Accident occurring while a passenger on, or operating, or learning to operate, or serving as a member of the crew of an aircraft.

Cost of Coverage

\$20/year

Volunteer Name: _____

Please Print

I accept the coverage and agree to pay the Annville-Cleona School District \$20 for the annual coverage.

I acknowledge the offer of volunteer insurance coverage and decline the coverage.

Volunteer Signature: _____ Date: _____