

Fox Chapel Area
School District

School Volunteer Manual



The Fox Chapel Area School District greatly appreciates all of our volunteers who provide much needed assistance to students and teachers in so many ways, from attending school field trips and musical competitions to athletic activities.

This manual serves as a resource for all current and prospective volunteers for the Fox Chapel Area School District. It contains District policies and procedures for volunteers, including the process on how to apply for clearances.

Please read through this handbook carefully. If you have questions regarding clearances or the clearance submittal process, please direct them to the Volunteer Coordinator by emailing volunteers@fcasd.edu.

Thank you for your willingness to volunteer in the Fox Chapel Area School District! Your services are invaluable and much appreciated.

Fairview Elementary School
Dr. Rebecca Stephan, Principal
412-963-9315

Hartwood Elementary School
Dr. Rachel Fischbaugh, Principal
412-767-5396

Kerr Elementary School
Dr. Paul Noro, Principal
412-781-4105

O'Hara Elementary School
Mrs. Kristy Batis, Principal
412-963-0333

Dorseyville Middle School
Mr. Jon Nauhaus, Principal
412-767-5343

Fox Chapel Area High School
Mr. Michael Hower, Lead Principal
412-967-2430

Required Clearances

In December 2014, the PA Legislature adopted Act 153 of 2014 as an amendment to a section of the Child Protective Services law requiring background checks for volunteers every three years.

A volunteer is defined as an individual in an unpaid position with a program, activity or service who is individually responsible for the welfare of one or more children or has direct contact with children. The District's Amended Policy No. 916 defines direct contact as the "possibility of care, supervision, guidance or control of children or routine interaction with children."

You will be required to obtain your clearances prior to any contact with students.

The required clearances are:

1. Act 151 Pennsylvania Child Abuse Clearance (No Cost for Volunteers)
2. Act 34 Pennsylvania Criminal History Clearance (No Cost for Volunteers)
3. Act 114 FBI Criminal History Report (\$22.60)

The volunteer will incur the costs of the clearances. Please follow the instructions in this manual for obtaining clearances.

Once you receive all three clearances, you can submit them through the [Raptor System](#). All questions can be directed to the Volunteer Coordinator at volunteers@fcasd.edu.

****All volunteers MUST keep a copy of their clearances for their own records.**

If a volunteer is arrested or convicted of a Disqualifying Offense that is listed in Policy 916 or named as a perpetrator in a founded or indicated report, he/she must provide written notification of the same to the District Superintendent's Office no later than 72 hours after the arrest, conviction or notification that he/she has been listed as a perpetrator in the statewide database.

If the District has a reasonable belief that a volunteer was arrested or convicted of a Disqualifying Offense that is listed in Policy 916, or was named as a perpetrator in a founded or indicated report, the District may require me to update his/her clearances before being permitted to continue to volunteer in the District.

Willful failure to disclose this information is a misdemeanor in the third degree.

FCASD Prospective Volunteer Instructions

1. Apply and register online for the following clearances:
[Act 151 Pennsylvania Child Abuse Clearance \(FREE\)](#)
[Act 34 PA Criminal History Clearance \(FREE\)](#)
[Act 114 FBI Criminal History Report \(\\$21.35\)](#)
2. Submit the (3) required clearances through [FCASD's Raptor System](#).
3. The district will verify your clearances. This process will take 30-60 days to complete.
4. A notification will be sent to you via email when you are approved to volunteer.
5. Clearances are valid for five (5) years from the oldest clearance date.
6. Prospective Volunteers must submit clearances that are less than a year old.
7. FCASD does not provide copies of clearances. **Remember to keep your own!**

Basic School Volunteer Procedures

Once you have been approved as a volunteer:

1. Sign-in and sign-out is required when you volunteer.
2. ALWAYS wear a volunteer nametag while in the school building.
3. Compliance with all building rules currently in place for all staff is required.
4. Please refer to the classroom teacher for his/her preferred method of dealing with day-to-day situations.
5. Discovery or concerns of possible physical abuse, sexual abuse, and neglect should be shared with a building administrator immediately.
6. Remember – if you don't know – ASK! We'll be glad to help.

District Guidelines and Policies Relating to School Volunteers

1. **Accident Reports** - Any accident involving a student, employee, or volunteer that occurs on school property must be reported to the school office using the appropriate district accident report forms. Such forms are needed for prevention of future accidents, regardless of insurance coverage or liability issues. Accident report forms can be secured from the building secretary.
2. **Confidentiality** - It is expected that matters of confidential information or materials about students, staff, other volunteers or school district business will be maintained as confidential by anyone who may become aware of such information.
3. **Drug/Substance Abuse Policy** - It is the intent of the Fox Chapel Area School District to maintain an alcohol and drug-free school environment. It is our policy that the possession or use of alcohol or a controlled substance is prohibited at any time while volunteering for the District. It is also the policy of the District that volunteering while under the influence of alcohol or a controlled substance is prohibited. Nothing in this policy should be construed as applying to doctor prescribed medications.
4. **Fire and Emergency Procedures** - In the event a fire starts in the building, use the following guidelines for reporting the fires:
 - a. Notify the office to call 911.
 - b. Have everyone evacuate the area as a precaution.
 - c. In the event of other emergencies, you are to follow instructions provided by the teacher or building principal.
5. **Harassment Policy** - The Fox Chapel Area School District is committed to providing a safe, positive environment free of discrimination and harassment based on race, color, national origin, religion, sex (or gender), familial status, age (40 and over), sexual orientation, or any other protected status. Offensive or harassing behavior will not be tolerated.
6. **Smoking and Tobacco Policy** - In order to protect students, staff, and visitors from the safety and health hazards of smoking, and to promote a pleasant, smoke-free environment, the District prohibits smoking by any person in school buildings, in school buses/school vehicles, and on school grounds. This ban is in effect at all times and specifically includes the regular school programs as well as all co-curricular and community events held on school property.
7. **Use of School Name** - The name of Fox Chapel Area School District, any of its schools, any school groups, or any employees in their school-related capacity may not be used by any outsider, organization, or individual for the solicitation of advertising or any other consideration for merchants or residents of the Fox Chapel Area School District without prior approval of the Board of School Directors.

Instructions for Completing PA Child Abuse History Clearance Form

Apply for your PA Child Abuse Clearance online at:

<https://www.compass.state.pa.us/CWIS>

1. This is an online procedure. You will need an email address to create an account. In addition, you must provide your past addresses since 1975 plus the names, relationship, and ages of all individuals with whom you have resided since 1975.
2. Click the box, "Create Individual Account" and create a new Keystone ID before you begin your application. You will receive a temporary password sent to the email address provided. Close the website.
3. Retrieve your temporary password from your email.
4. Open the website address again. Login, enter the Keystone ID you created, and the temporary password that was emailed to you.
5. Follow the directions to create a new password (this will be your permanent password); write down your User Name (Keystone ID) & Password for future reference and use.
6. Follow the prompts to apply for your clearance.
7. You will have immediate access to your results, or the status of your results if your results cannot be processed immediately.
8. Please retain a copy for your records.

~ OR ~

If you cannot apply for the clearance online, you may mail your PA Child Abuse History Clearance. The form (CY 113) follows these instructions.

Please read the instructions prior to completing the form.

1. Type or print clearly in ink only.
2. The address must be applicant's current home address.
3. All information must be completed in full.
4. Purpose for Clearance - Check "Volunteer".
5. You must provide all your past addresses since 1975 plus the names, relationship, and ages of all individuals with whom you have resided since 1975. This information must be provided to the best of your knowledge and belief. If necessary, attach additional pages.
6. Application must be signed.
7. Mail completed form to: Childline and Abuse Registry, Department of Public Welfare, P.O. Box 8170, Harrisburg, PA 17105-8170.
8. Do not send any postage-paid, return envelopes.
9. Application should be placed in a business-sized or larger envelope.
10. Clearance results will be mailed to you and may take four (4) weeks or longer.
11. Failure to comply with the above instructions will cause considerable delay.

Inquiries and Questions

If you have any questions, call 1-877-343-0494.

**Instructions for Completing Pennsylvania State Police
Request for Criminal Record Check**

The Pennsylvania State Police Criminal Check (SP4-164A – Volunteer Only Form) can be applied for online:

<https://epatch.state.pa.us/Home.jsp>

1. Select “Submit a New Record Check”.
2. Complete the required information.
3. Once your record request is processed, you will see proof of the transaction with a Control Number and the date you are processing the request.
4. When the “Search Results” table appears, click on the “Control Number.” Once you click the Control Number, the “Record Check Details” page is opened.
5. The Record Check Details page is only a receipt and not acceptable as a clearance. Important - print this page. With this information, you will be able to reprint the clearance information should you lose it.
6. Click on “Certification” to access your official clearance.

~ OR ~

If you cannot apply for the clearance online, you may mail your PA Criminal Record Check form. The form (SP4-164A) follows these instructions.

1. Complete the form. Type or print clearly in ink only.
2. The address must be applicant's current home address.
3. All information must be completed in full.
4. Reason for Request - Check “Volunteer.”
5. Mail completed form to:

Pennsylvania State Police
Central Repository – RCPU
1800 Elmerton Avenue
Harrisburg, PA 17110-9758

6. Do not send any postage-paid, return envelopes.
7. Application should be placed in a business-sized or larger envelope.
8. Clearance results make take four (4) weeks or longer and will be mailed to you.
9. Failure to comply with the above instructions will cause considerable delay.

Inquiries and Questions

Call 1-888-783-7972 if you have questions.

**Instructions for Completing
Pennsylvania Department of Education (PDE)
FBI Federal Criminal History Record Request (\$21.35)**

The fingerprint-based background check is a multiple-step process:

<https://uenroll.identogo.com/>

1. The applicant must register online using the link above prior to being fingerprinted.
2. Enter service code **1KG6Y3** (this public-school code is specific for a volunteer through the Department of Education).
3. Select schedule an appointment.
4. Complete the required information.
5. The applicant will pay a fee of \$22.60 for the fingerprint service.
6. Once fingerprinted, applicants will receive their “Unofficial FBI Clearance” to use for submission.

Fingerprint Locations

<https://uenroll.identogo.com/workflows/1KG6Y3/locator/location>

Inquiries and Questions

Information regarding process, policy, and fingerprint locations may be found by visiting [Identogo](https://identogo.com).

****All volunteers MUST keep a copy of their clearances for their own records.**

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 direct volunteer 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 direct volunteer 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 employment is with a program, activity, or service, as a person responsible for the child's welfare or having direct contact with children: Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
 - A youth camp or program;
 - A recreational camp or program;
 - A sports or athletic program;
 - A community or social outreach program;
 - An enrichment or educational program; and
 - A troop, club, or similar organization
- 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 for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the box for **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** if you are an adult household member in this setting and require certification.

- Check the box for **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 if you are an adult household member in this setting 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 direct volunteer 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 the 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 the 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.

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 \$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 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 <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 with a program, activity, or service <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 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 certified or licensed child-care provider for at least 30 days in a calendar year <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 <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 If purpose is volunteer having direct volunteer contact with children, choose SUB 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) | |
| <small>SIGNATURE OF OIM/CAO REPRESENTATIVE</small> <small>OIM/CAO PHONE NUMBER</small> | |

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 initials) _____ | CERTIFICATION ID # _____ |

PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
VOLUNTEER ONLY

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) | |

| | |
|--|--|
| FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER | |
| AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – RCPU 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 | |

| SUBJECT OF RECORD CHECK | | |
|---|------------------------|---|
| (FIRST) | (MIDDLE) | (LAST) |
| MAIDEN NAME AND/OR ALIASES | SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY) SEX RACE |
| VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY) | | TELEPHONE NUMBER |

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.

By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$8 fee is being waived because of my status as an unpaid volunteer.

| | | |
|---------------------|--------------------------------------|------|
| REQUESTER SIGNATURE | (*Signature required for processing) | DATE |
|---------------------|--------------------------------------|------|

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.