

# Clearfield Area School District

Administrative Offices  
2831 Washington Avenue  
Clearfield, Pennsylvania 16830  
814-765-5511 814-765-5515 Fax

## VOLUNTEER APPLICATION AND CONFIDENTIALITY AGREEMENT FORM

Nature of volunteer work: Sport: \_\_\_\_\_ Band: \_\_\_\_\_ School/Club/Other: \_\_\_\_\_

Name of volunteer: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

I have been a resident of the Commonwealth of PA for the entirety of the previous 10 years: Yes \_\_\_ or No \_\_\_.

There are federal and state laws that protect the privacy rights of students and families. In a school situation, there are many instances in which confidential information is discussed in order to better understand students and how we can help them. When working in the schools as a volunteer, there may be times when this information is overheard. Our staff will make every effort to prevent this from happening; however, as a volunteer, you must agree that if you do hear information about a student or family, you will not repeat this outside of the school. This will ensure the protection of our students' interest and their families, thus creating a better environment for all.

Additionally, three laws govern special education confidentiality: FERPA (Family Educational Rights and Privacy Act), IDEIA (Individuals with Disabilities Education Improvement Act) and Chapter 14 (Pennsylvania Special Education Guidelines). All three bodies of regulations indicate that confidentiality must be maintained relative to students in special education. Therefore, any written or verbal communication with anyone who does not have a right to know is in violation of these laws. A volunteer should not discuss a child's disability placement, services or program with any individual outside of the classroom instructor, building principal or staff member. The volunteer should not carry any written or verbal statements outside of the school that would divulge the child's disability. In essence, only those who work directly with the student are considered as those with a "need to know". If at any time these terms of confidentiality are violated by a volunteer, termination of volunteer services may occur.

As a volunteer:

- I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work.
- I will keep confidential matters private.
- I also understand that volunteering in the CASD is a privilege and not a right. The District reserves the right to deny or remove any volunteer violating confidentiality or any district policy.

By signing this agreement I am stating that I will not divulge information about any student or family to any person outside the school setting.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**REFERENCES: (PLEASE GIVE AT LEAST TWO)**

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

**TO BE SIGNED BY THE APPROPRIATE PERSON BASED ON WHAT NATURE OF VOLUNTEER WORK AREA(S) IS/ARE CHECKED ABOVE:**

**Athletic Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Band Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINCIPAL'S SIGNATURE AND APPROVAL IS REQUIRED FOR ALL VOLUNTEERS:**

**Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE PENNSYLVANIA DEPARTMENT OF EDUCATION REQUIRES THE FOLLOWING ITEMS FOR ALL VOLUNTEERS:**

1. Act 151 Volunteer Clearance (Pennsylvania Department of Human Services Child Abuse History Certification less than one year old).
2. Act 34 Volunteer Clearance (Pennsylvania State Police Request for Criminal Record Check less than one year old).
3. Act 114 Volunteer Clearance (Federal (FBI) Criminal History Background Check less than one year old) use VOLUNTEER CODE 1KG6ZJ) to be completed if you have not been a resident of Pennsylvania for the previous 10 years and have not obtained an FBI certification OR if you have been a continuous resident of the Commonwealth of Pennsylvania for the entirety of the previous 10 years, you only need to fill out the Disclosure Statement Application for Volunteers to affirm in writing that you are not disqualified from service based upon a conviction of an offense under §6344.
4. If you have not been a resident of Pennsylvania for the previous 10 years, but obtained your FBI certification at any time since establishing residency, you must provide a copy of the certification and you are not required to obtain any additional FBI certifications. You will also fill out the Disclosure Statement Application for Volunteers to affirm in writing that you are not disqualified from service based upon a conviction of an offense under §6344.
5. TB Test (within 3 months)

# 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 \$13.00 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<br><input type="checkbox"/> Prospective adoptive parent<br><input type="checkbox"/> Employee of child care services<br><input type="checkbox"/> School employee governed by the Public School Code<br><input type="checkbox"/> School employee not governed by the Public School Code<br><input type="checkbox"/> Self-employed provider of child-care services in a family child-care home<br><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<br><input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program<br><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<br><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<br><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<br><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<br>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:<br><input type="checkbox"/> Big Brother/Big Sister and/or affiliate<br><input type="checkbox"/> Domestic violence shelter and/or affiliate<br><input type="checkbox"/> Rape crisis center and/or affiliate<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) |
|---|---|

\_\_\_\_\_  
SIGNATURE OF OIM/CAO REPRESENTATIVE

\_\_\_\_\_  
OIM/CAO 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	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 #

## 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 \$13.00 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 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.

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**  
<https://epatch.state.pa.us>

<b>FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER</b>
<b>AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY - RCPD 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758</b>

<b>REQUESTER NAME</b>	
<b>ADDRESS</b>	
<b>CITY/STATE/ ZIP CODE</b>	
<b>TELEPHONE NO. (AREA CODE)</b>	

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

**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 \$22 fee is being waived because of my status as an unpaid volunteer.

<b>REQUESTER SIGNATURE</b> (*Signature required for processing*)	<b>DATE</b>
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**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.**

CLEARFIELD AREA SCHOOL DISTRICT  
Administrative Offices  
2831 Washington Avenue  
Clearfield, Pennsylvania 16830  
PHONE 814-765-5511 FAX 814-765-5515

**VOLUNTEER FEDERAL (FBI)**  
**CRIMINAL HISTORY BACKGROUND**  
**CHECK INSTRUCTIONS**

**IF YOU HAVE BEEN A RESIDENT OF  
THE COMMONWEALTH OF PA FOR  
THE ENTIRETY OF THE PREVIOUS 10  
YEARS, YOU DO NOT HAVE TO DO THIS  
FBI CRIMINAL HISTORY  
BACKGROUND CHECK!**

The commonwealth contracts with IDEMIA ([www.identogo.com](http://www.identogo.com)) for digital fingerprinting. You can register with IDEMIA and be fingerprinted at an Identogo site.

The cost for Volunteers is \$23.25.

You can register for an appointment to be fingerprinted two ways:

- Online: Go to [www.identogo.com](http://www.identogo.com)
- Telephone: Call 1-844-321-2101 and listen to the options menu.

The volunteer service code is **1KG6ZJ**.

All applicants will also need to refer to the list of acceptable identification documents. Applicants must present one of the identification documents at the Idemia fingerprinting locations.

Appointments are not required when you register, you may walk-in during a location's posted hours of operation, but scheduling an appointment may lead to lesser/no wait times. In order to preregister for an FBI background check and/or find a fingerprinting location, applicants should access the IDEMIA website.



**DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS**  
**Required by the Child Protective Service Law**  
**23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)**

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below 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.

I swear/affirm 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.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes 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.

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 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 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes 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.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

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

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

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

**SCHOOL PERSONNEL HEALTH RECORD  
(FOR USE AFTER OFFER OF EMPLOYMENT HAS BEEN MADE)**

**I. INFORMATION**

School Position Offered \_\_\_\_\_

Last Name	First	MI	Sex	Date of Birth
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Home Phone	Cell Phone	Work Phone
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Mailing Address: Street	City	State	Zip
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**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_  
 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**II. IMMUNIZATION HISTORY (Recommended, but not mandated by law)**

VACCINE <small>Circle appropriate box</small>	Enter Month, Day, and Year Each Immunization DOSE Was Given				
Diphtheria, Tetanus with Pertussis <input type="checkbox"/> Td <input type="checkbox"/> TdaP	1	2	3	4	5
Hepatitis B	1	2	3		
Measles-Mumps-Rubella (MMR)	1	2	Rubella Serology/Date/Titer  Mumps disease diagnosed by a physician: Date Measles Serology/Date/Titer		
Varicella <input type="checkbox"/> Vaccine <input type="checkbox"/> Disease <input type="checkbox"/> Serology Date: Neg/Pos	1	2			
Influenza	1	2	3		

**III. TUBERCULOSIS SKIN TEST RESULTS (Testing required per Regulations of the Department of Health)**

DATE GIVEN	SITE: LA / RA	GIVEN BY:	ANTIGEN NAME	MANUFACTURER / LOT # / EXP DATE	SIGNATURE
DATE READ	RESULTS in MM		READ BY SIGNATURE		

**OR**

**IGRA TEST RESULTS**

DATE COLLECTED	TEST NAME (QFT-GIT, T-SPOT, etc)	POSITIVE	NEGATIVE	INDETERMINATE	QUANTITATIVE RESULT

DATE TEST COMPLETED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Previously known/new positive reactors: \_\_\_\_\_

Chest X-ray:  
(Attach a copy of the report.)

Date: \_\_\_\_\_ Results: \_\_\_\_\_

Other:  
(Attach a copy of the report.)

Date: \_\_\_\_\_ Results: \_\_\_\_\_

Preventive Anti-Tuberculosis Chemotherapy ordered:  No  Yes Date: \_\_\_\_\_

IF SIGNIFICANT REACTION WAS REPORTED, THE PRIMARY CARE PROVIDER REPORT MUST STATE THAT THE APPLICANT IS CURRENTLY FREE FROM TUBERCULOSIS DISEASE.

**IV. MEDICAL CONDITIONS (✓)**

	Yes	No	If Yes, Explain:
Allergies .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**V. PHYSICAL EXAMINATION (✓)**

	NORMAL	ABNORMAL	NOT EXAMINED	COMMENTS
Height (inches)				
Weight (pounds)				
Pulse				
Blood Pressure				
Hair/Scalp				
Skin				
Eyes – Visual Acuity: RL				
Eyes – Color Vision				
Ears – Hearing (dB) RL				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart – Murmur, etc...				
Lungs – Adventitious Findings				

Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				

Are there any special medical problems or chronic diseases which require restriction of activity, medication which might affect his/her work role? If so, specify

Are there any special equipment or accommodations needed to enable this person to perform their duties? If so, specify

\_\_\_\_\_  
Physician Name (Print) Signature of Examiner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Address

The statements and answers as recorded above are full, complete and true to the best of my knowledge and belief. I understand that any false or misleading statements may cause termination of my employment.

I authorize the physician or other person to disclose any knowledge or information pertaining to my health to the employing authority for whom this examination is performed.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date