



LITTLESTOWN AREA SCHOOL DISTRICT

Dear Volunteer,

Thank you for expressing an interest in volunteering in the Littlestown Area School District. Your time is greatly appreciated and we will do our best to ensure that it is utilized to the fullest.

Below you will find a list of required documentation needed to be approved by the school board in order to volunteer. Please ensure that all items are complete and copies of clearances are included in your packet.

- Volunteer Information Sheet
- State Police Clearance (Act 34) <https://epatch.state.pa.us/Home.jsp>
(complete online and print results immediately)
- Child Abuse Clearance (Act 151) <https://www.compass.state.pa.us/cwis/public/home>
(complete online, results will be emailed to you in 7-10 business days)
- FBI Fingerprinting (Act 114) or Notarized Affirmation*
<https://uenroll.identogo.com/>
(Service Code: 1KG6XN; complete online, schedule appointment and print receipt)
- Volunteer Health Record (TB Test)
- Background Check Reimbursement Request (for fingerprinting only)**

*Volunteers who have continuously resided in Pennsylvania for 10 years or longer can submit a signed and notarized affirmation that states there are no convictions of a disqualifying crime in Pennsylvania, or the corresponding offenses under the laws of any other jurisdiction. The affirmation statement can be submitted in lieu of the FBI fingerprinting and is attached, however, only one or the other need be returned with your volunteer packet.

**Due to a generous grant, you can be reimbursed for the cost of the FBI Fingerprinting. You must complete the Background Reimbursement Request, attach the original receipt and submit with your volunteer packet.

Once you have completed your volunteer packet, you can drop it off at the Transportation Building (Door #3), the School Building or email it to me directly. If you have questions about any portion of your volunteer packet, please do not hesitate to contact me at 717-359-4146, ext. 1041 or macel@lasd.k12.pa.us

Sincerely,

Lora Mace

Lora Mace
Volunteer Coordinator
Littlestown Area School District



Littlestown Area School District Volunteer Information Sheet



Area Interest: Classroom PTO Athletics Office Cafe As Needed
(Please check ALL that apply)

New Renewal

Student(s) in District _____ Class of 20 _____

_____ Class of 20 _____

_____ Mom Dad Grandparent

Volunteer Name

_____ Street Address

_____ City/State

_____ Zip

_____ Phone: Cell Home Work

_____ Email

_____ Emergency Contact Name

_____ Phone: Cell Home Work

If necessary to summon a physician, I give my approval to call Dr _____
whose number is _____. If a hospital is necessary, I grant permission to
be transported to _____. I also give permission for the
hospital to arrange such emergency treatment as may be needed. I will assume
responsibility for fees incurred by such emergency.

_____ Volunteer Signature

_____ Date

The items needed for a volunteer packet are listed below. Once all items are received and verified, your name will be added to the school board agenda for approval at the monthly board meeting. Once approved, your name will be added to the volunteer list and you will be eligible to volunteer. New volunteers will receive a welcome packet in the mail to familiarize you with volunteering procedures. If you have any questions, please contact Lora Mace at 717-359-4146 x 1041 or macel@lasd.k12.pa.us

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****Renewal volunteer packets will be required every five (5) years in order to continue volunteering****

COMMONWEALTH OF PENNSYLVANIA, COUNTY OF _____

Before me, the undersigned notary public, this day personally appeared

_____ known to me, who being duly sworn
(or affirmed) according to law, deposes and says as follows:

I currently reside at _____

And have been a continuous resident of Pennsylvania for the past ten (10) years.

I am not disqualified from services as a volunteer pursuant to 23 Pa. C.S. §6344 (c) and have not been convicted of an offense similar in nature to those crimes listed in 23 Pa. C.S. §6344 (c) under the laws of the United States or one of its territories, possessions, another State, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

(Signature)

(Printed Name)

Subscribed and sworn to before me this _____ day of _____, 20 ____.

(SEAL)
Notary Public

My Commission Expires: _____

Title 23 Pa. C.S § 6344 (c)

(c) Grounds for denying employment or participation in program, activity or service.--

(1) In no case shall an employer, administrator, supervisor or other person responsible for employment decisions or involved in the selection of volunteers hire or approve an applicant where the department has verified that the applicant is named in the Statewide database as the perpetrator of a founded report committed within the five-year period immediately preceding verification pursuant to this section.

(2) In no case shall an employer, administrator, supervisor or other person responsible for employment decisions or involved in the selection of volunteers hire or approve an applicant if the applicant's criminal history record information indicates the applicant has been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state:

- 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).

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 (relating to corruption of minors).

Section 6312 (relating to sexual abuse of children).

The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.

(3) In no case shall an employer, administrator, supervisor or other person responsible for employment decisions hire or approve an applicant if the applicant's criminal history record information indicates the applicant has 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 five-year period immediately preceding verification under this section.

VOLUNTEER HEALTH RECORD

I. INFORMATION

 Last Name First MI Sex Date of Birth

 Home Phone Cell Phone Work Phone

 Mailing Address: Street City State Zip

Emergency Contact

 Name: Relationship:

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

II. 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		

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: Date: Results: Other: Date: Results:
 (Attach a copy of the report.) (Attach a copy of the report.)

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.

 Physician Name (Print) Signature of Examiner Date

 Physician Address

Littlestown Area School District District Volunteer Background Check Reimbursement Request

Littlestown Area School District received a generous grant of \$6,000 for the purpose of background checks for district volunteers. Volunteers may be reimbursed from the grant for the FBI Federal Criminal History Clearance (fingerprinting) by completing this form and attaching the original receipt to the request.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

AMOUNT TO BE REIMBURSED: \$23.85

TO BE COMPLETED BY PERSONNEL OFFICE

Board Approved _____ Date _____ HR Director Approval _____

Account number 10-2310-810-170