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**MIFFLIN COUNTY SCHOOL DISTRICT  
VOLUNTEER MANUAL**

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## **MIFFLIN COUNTY SCHOOL DISTRICT SPORT/SCHOOL ACTIVITY VOLUNTEER MANUAL**

The Mifflin County School District welcomes volunteer participation in our schools. There are many opportunities in our schools to volunteer and to actively participate in our educational program. We welcome you to our schools and thank you for your willingness to partner with us in providing an excellent educational program.

**As of July 1, 2015**, all volunteers must adhere to guidelines as described below. **IT IS VERY IMPORTANT TO NOTE THAT YOU CANNOT BEGIN YOUR VOLUNTEER SERVICE UNTIL ALL OF THE REQUIREMENTS LISTED HAVE BEEN COMPLETED AND BOARD APPROVED.** \* Please note that the records will be maintained in a secured area in the respective Main Office.

### **School District Employee**

If you are currently an employee of the Mifflin County School District, the only form you need to complete is the **Volunteer Acknowledgement**.

### **Non-School District Employee**

If you are not an employee of the Mifflin County School District you will need to complete the following items:

- 1. Volunteer Acknowledgement:** Volunteers must obtain all necessary signatures and return the document to the school's Main Office. Refer to page 3.
- 2. Volunteer Confidentiality Agreement:** Sign and return to the school's Main Office. Refer to page 4.
- 3. Pennsylvania Criminal History Clearance:** Refer to page 5.
- 4. Federal Criminal History and Fingerprinting:** Refer to page 6 & 7.  
A volunteer may NOT have to submit the Federal Criminal History record (Fingerprint) if the volunteer submits an affidavit affirming that the volunteer:
  - a. Has been a resident of the Commonwealth of PA for the entirety of the previous ten (10) years; and
  - b. Has never been convicted of a Reportable Offense in PA or any other state or jurisdiction, including foreign jurisdictions.
- 5. Pennsylvania Child Abuse History Clearance:** Refer to page 8.
- 6. Reportable Offense Obligation:** Sign and return to the school's Main Office. Refer to page 9.
- 7. Child Abuse Training (ACT 126):** Training is required and is available online at [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu). Upon completion, participants will receive a certificate. A copy of the certificate must be submitted to the school's Main Office for verification.
- 8. Tuberculin Test:** A negative Tuberculin test must be on file with the school. Please check with the building principal if you do not have a current TB test.

When all of the application processes have been completed, all of your forms should be submitted to the appropriate school's **MAIN OFFICE**.

## VOLUNTEER ACKNOWLEDGEMENT

MIFFLIN COUNTY SCHOOL DISTRICT

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The undersigned hereby acknowledges that he/she is volunteering to perform services without compensation on behalf of the Mifflin County School District and that he/she understands that in the event of any injury to the person or property of said volunteer not directly caused by the neglect of the Mifflin County School District acting through its servants and employees, the Mifflin County School District shall have no liability therefore under workers compensation laws, tort law, or any other law. Said volunteer also acknowledges his/her understanding that even as to personal or property damage suffered by said volunteer while in the service of the School District which is directly caused by the negligence of the School District, acting through its employees or servants, that the laws of the Commonwealth of Pennsylvania provide that the Mifflin County School District is immune from liability for damages therefore subject to certain exceptions provided in said law and that even as to said exceptions, where the School District may be liable, the amount and nature of damages which may be claimed are expressly limited by said law.

In requiring the acknowledgment set forth above, the Mifflin County School District does not intend to expand or limit its liability to said volunteer as currently provided under Pennsylvania law. The intent of the School District is simply to provide a clear, concise statement of existing law so that the volunteer may be fully apprised of his or her legal rights with regard to personal injury or property damage prior to volunteering his or her services.

As a volunteer, I agree to abide by the following MCSD School Board policies:

- #248 – Student Unlawful Harassment
- #348 – Administrative Employees Unlawful Harassment
- #916 – Volunteers

\_\_\_\_\_  
VOLUNTEER NAME (PRINT)

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HOME TELEPHONE NUMBER

\_\_\_\_\_  
SPORT

\_\_\_\_\_  
ATHLETIC DIRECTOR SIGNATURE

\_\_\_\_\_  
SCHOOL ACTIVITY

\_\_\_\_\_  
ADVISOR SIGNATURE

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOOL PRINCIPAL SIGNATURE

\_\_\_\_\_  
DATE

**VOLUNTEER CONFIDENTIALITY AGREEMENT**  
MIFFLIN COUNTY SCHOOL DISTRICT

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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 special education students. 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 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:**

- o **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.**
- o **I will keep confidential matters private.**
- o **I also understand that volunteering in the MCSD program is a privilege and not a right. The school's principal 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.

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Date

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Volunteer Name (Print)

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Volunteer Signature

## **PA STATE POLICE CRIMINAL BACKGROUND CHECK**

**Act 15 of 2015 requires criminal background checks to be renewed every 60 months.**

### **ELECTRONIC SUBMISSION**

Pennsylvania Criminal History Record Checks can be processed instantly through an on-line application process. PA Access to the Criminal History (PATCH) is provided through the Internet at <https://epatch.state.pa.us/Home.jsp>. Follow the directions provided through PATCH, to obtain an instant copy of your Criminal History Record.

### **PAPER SUBMISSION**

Hard copy application requests can be processed using Form, SP 4-164, Request for Criminal Record Check. Keep in mind the paper application process does not provide immediate results and will delay your ability to volunteer. You can locate the Form at <https://epatch.state.pa.us/help/HelpHome.jsp>

1. Applicant completes Part 1. Please note that an *alias includes* Maiden Name. Information in Part 1 is the job applicant's name, address, and telephone number. The background check is to be returned by the State Police **to the applicant, not the school district**. Therefore, the block that begins with "NAME OF REQUESTER" should be completed with **your own name, address, and phone number**.
2. In order to expedite the processing of the hard-copy application, please submit the completed SP 4-164 directly to the State Police. Mail applications to:

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

3. The State Police will return the Record Check **directly to the applicant** within one month. To check on the status, call **717-783-6211** or **1-877-371-5422**.

**Once you receive your clearance, you must provide it to the District and a copy will be made for your file; the original is to be retained by the applicant.**

## **(FBI) FEDERAL CRIMINAL HISTORY RECORD**

**Act 15 of 2015 requires background checks to be renewed every 60 months.**

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

1. The applicant must register with Cogent Systems prior to going to the fingerprint site. Fingerprint services will not be provided to applicants without prior registration. Registration is completed online or over the phone. **WHEN REGISTERING, PLEASE DO SO UNDER THE DEPARTMENT OF EDUCATION**. Failure to register under the **Department of Education** will require you to re-register correctly and will result in additional charges. Registration is available online 24 hours/day, 7 days/week at <http://www.pa.cogentid.com/>. Telephone registration is available Monday to Friday, 8AM to 6PM EST at 1-888-439-2486. During the registration process, all demographic data for the applicant is collected (name, address, SSN, etc.) so there is no data entry required at the fingerprint collection site. To ensure a successful registration and avoid any data collection errors, please register yourself online. If you do register by phone, make sure your Social Security Number is collected correctly.
2. The applicant will pay the current fee for the fingerprint service. Applicants may make their payment online at [www.pa.cogentid.com](http://www.pa.cogentid.com) using a credit card or debit card. **NO CASH TRANSACTIONS OR PERSONAL CHECKS WILL BE ACCEPTED AT THE PRINT LOCATIONS.**
3. The applicant must complete the registration process and then proceed to the fingerprint site of choice. The location of the fingerprint sites with days and hours of operation are posted on Cogent Systems' website at [www.pa.cogentid.com](http://www.pa.cogentid.com). The location of fingerprint sites may change over time so applicants are encouraged to confirm the site location nearest to them.
4. Upon completion of online registration, the applicant will print a confirmation page which will show a **PAE Registration ID Number**. If the registration is completed by phone, the applicant will be given the PAE Registration ID Number at the fingerprint site.

**THE APPLICANT MUST PROVIDE THIS NUMBER TO THE SCHOOL DISTRICT** to enable the School District to officially view the CHR information online. The District is able to access your FBI Clearance within 24-hours of your fingerprints being completed.

**THE FBI FEDERAL CLEARANCE IS IN ADDITION TO THE  
PA STATE POLICE CLEARANCE and the CHILD ABUSE CLEARANCE.**

**VOLUNTEER AFFIDAVIT**  
**MIFFLIN COUNTY SCHOOL DISTRICT**

(In Lieu of Fingerprint based FBI Clearance to 23 Pa.C.S.A. §6344.2 (b1))

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

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Volunteer Position(s) Applied For: \_\_\_\_\_

I, \_\_\_\_\_ (Name) hereby attest that all information provided below is correct and current. I understand that any false statements can and will be punishable by law.

1. I hereby attest and understand that the volunteer position for which I am applying is an unpaid position.
2. I hereby attest that I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-year period, i.e. from \_\_\_\_\_ [date ten years prior to current date], to the current date of this application.
3. I hereby swear and affirm that I have not been convicted of any of the following offenses under Title 18 (relating to crimes and offenses), or any offense similar in nature to the crimes 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.

- 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 list.
- 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.

I hereby verify and affirm that I understand that a conviction for any of the offenses outlined above or any similar offense under federal or other state law or former law disqualifies me from approval for service as an unpaid volunteer. I further understand and agree that I have an obligation to submit written notice to the Superintendent or other designated administrator disclosing any future arrest or conviction for any such offenses, and/or any notification that I have been listed as a perpetrator in a founded or indicated report, within 72 hours, of the occurrence of such arrest, conviction, or notification of listing as a perpetrator.

I hereby verify that all statements in the within Affidavit are true and correct to the best of my knowledge, information and belief. I understand that my statements are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities, which provides that if I knowingly make false averments, can and will subject me to criminal penalties.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Attest/Witness: \_\_\_\_\_ Date: \_\_\_\_\_



## **PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE**

Act 15 of 2015 requires criminal background checks to be renewed every 60 months.

### **ELECTRONIC SUBMISSION**

Effective December 31, 2014, the Pennsylvania Child Abuse History Clearance application can be submitted online at <https://www.compass.state.pa.us/CWIS>. Once you enter the website you will be directed to the Child Welfare Portal where you must create an account or log-in if you already have an account (Note: you will need a valid email address to create an account). Creating an account and submitting your clearance application online will give you **immediate access to your results** or the status of your results if your results cannot be processed immediately.

### **PAPER SUBMISSION**

Paper submissions of the Pennsylvania Child Abuse History Clearance application will still be accepted; however, it does not provide immediate results.

Completed applications may be mailed directly to the Pennsylvania Department of Human Services, but it will take longer to process your clearance request. Mail applications to:

**ChildLine and Abuse Registry  
Pennsylvania Department of Human Services  
PO Box 8170  
Harrisburg, PA 17105-8170**

Once the application is received in the ChildLine and Abuse Registry's Verification Unit, the results of the Pennsylvania Child Abuse History Clearance will be mailed to the applicant's address within 14 days. For questions related to the Form, please contact the ChildLine Verification Unit at **717-783-6211** or toll free at **1-877-371-5422**.

**Once you receive your clearance, you must provide it to the District and a copy will be made for your file; the original is to be retained by the applicant.**

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**REPORTABLE OFFENSE OBLIGATION**  
MIFFLIN COUNTY SCHOOL DISTRICT

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As required by statute, I fully understand that:

1. If I am arrested for or convicted of a Reportable Offense that is listed in Policy 916 or named as a perpetrator in a founded or indicated report I 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 I have been listed as a perpetrator in the statewide database.
2. If the District has a reasonable belief that I was arrested or convicted of a Reportable Offense that is listed in Policy 916 or was named as a perpetrator in a founded or indicated report, the District can require me to update my clearances before being permitted to continue to volunteer in the District.
3. Willful failure to disclose this information is a misdemeanor in the third degree.
4. I must renew my clearances prior to the date of expiration.
5. In order to efficiently select volunteers for events requiring clearances throughout the District, my name only, will be listed on a District database of persons who have submitted clearances to be used for volunteer selection purposes only. Reports and information contained on the reports will remain confidential to the extent permitted by law.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

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This acknowledgement is being submitted to:

\_\_\_\_\_  
School Building Representative

\_\_\_\_\_  
Date of Receipt