

South Fayette School District

3620 Old Oakdale Road
McDonald, Pennsylvania 15057
Phone (412) 221-4542 Fax (724) 693-2883

www.southfayette.org

The following are instructions on how to obtain the required documents to volunteer in the District. Please note, the clearances must be dated within sixty (60) months of submission and the tuberculin test will need to be dated within three (3) months of submission-TB Test is only required if you will be with the students ten (10) hours or more a week. Please retain the original and submit only a copy of the clearance.

Once you have obtained the necessary documents you may:

- Mail or hand deliver to:
South Fayette School District
Attn: Victoria Adams
3680 Old Oakdale Road
McDonald, PA 15057
- Send via e-mail to vradams@southfayette.org
- Fax to 724-693-2883 to the attention of Victoria Adams
- **Please attach a note stating that you are a volunteer**

If you have any questions, on obtaining the clearances or tuberculin test you may contact Victoria Adams at 724-693-3045 or via e-mail at vradams@southfayette.org

1-FBI ACT 114 CLEARANCE/VOLUNTEER DISCLOSURE STATEMENT INSTRUCTIONS

A. DISCLOSURE STATEMENT

Individuals who have been a resident of Pennsylvania during the entirety of the previous ten (10) year period **DO NOT** need to obtain the ACT 114 FBI Fingerprint Clearance. You may sign the attached **Volunteer Disclosure Statement**. This document must be signed, dated and witnessed. It does not need to be notarized. You are required to notify the district, in writing within 72 hours if you are arrested for or convicted of an offense that would establish grounds for denying participation as a volunteer, or you are named as a perpetrator in a child abuse report. Failure to do so has criminal implications and may jeopardize your ability to volunteer within the district.

B. FBI ACT 114 CLEARANCE INSTRUCTIONS

1. The website to register is <https://uenroll.identogo.com/> it is available 24 hours a day, seven days per week. You will need to enter code **1KG6ZJ**
2. Telephonic registration is available at 1-844-321-2101 Monday through Friday, 8am to 6pm EST.

3. Choose a location to have your fingerprints electronically scanned. You can find locations at <https://www.IdentoGO.com/locations>
The recommendation from the company is to make an appointment.
4. The fee for the FBI clearance is **\$23.25**. You will make your payment when the prints are scanned. *Please note*; no cash or personal checks are accepted.
5. You will need to provide the UEID(Universal Enrollment ID) code to the school district
6. You **MUST** take a photo ID with you.
7. If you have questions, you may contact IdentoGO at 855-845-7434 then press 20 or 844-321-2101

2-PENNSYLVANIA STATE CRIMINAL ACT 34 INSTRUCTIONS

An applicant has the option to apply for the clearance online or send the completed application form via mail.

ONLINE OPTION

1. The website to register is <https://epatch.state.pa.us/Home.jsp>
2. Complete the online application-Please be sure to select volunteer
3. Print the form

MAIL OPTION

1. Complete the application form available on the website under the help tab
2. Make copy of the completed application form
3. Mail to the address on the form
4. You do not send any postage paid return envelopes

3-PENNSYLVANIA CHILD ABUSE ACT 151 CLEARANCE INSTRUCTIONS

ONLINE OPTION

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

1. Create a log in
2. Retain your log in information for future use
3. Print the clearance on you receive the e-mail copy

MAIL OPTION

1. Please contact Victoria Adams at 724-693-3045 to obtain a form
2. Type or print clearly and neatly in ink Section I only
3. Address must be applicant's current home address
4. All information must be completed in full. (The form asks for all previous names, addresses, and household members since 1975). This information must be provided to the best of your knowledge and belief. If necessary, attach additional pages.
5. Application must be signed
6. Mail to the address on the form
7. You do not send any postage paid return envelopes
8. Please make copy of completed application form

4-TUBERCULIN TEST (TB TEST)Only required if you will be with students ten (10) hours or more per week**

1. The negative tuberculin test results will need to be dated within three (3) months of submission
2. The District does not supply the form for the doctor to complete. The doctor will complete their own form

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: _____