

# Dover Area School District

## Volunteer Coach Welcome

Welcome to the Dover Area School District. Thank you for taking an active role in the life of your student and our school district. Volunteers are an integral part of the educational, athletic and extracurricular programs at Dover. Below is a checklist of items which must be obtained prior to being approved to volunteer within the District. All volunteer forms are available on the Dover website at: [www.doversd.org](http://www.doversd.org).

### **REQUIRED PAPERWORK FOR ALL VOLUNTEERS:**

- Volunteer Registration Form
- Application for Volunteer Coaching
- Act 114 - FBI Background Clearance (**dated less than 5 years old**) OR Volunteer Verification Form
- Volunteer Agreement
- Act 24 - Arrest/Conviction Form
- Act 34 – PA State Criminal Record Check (**dated less than 5 years old**)
- Act151 – PA Child Abuse Clearance (**dated less than 5 years old**)
- TB Test (**dated less than 1 year old**)

**The FBI Background Check is not required if you sign the Volunteer Verification Form, certifying you:**

- Have been a resident of PA during the entirety of the previous ten (10) year period;
- Have not been named in a founded report of child abuse committed within the last five (5) years;
- Have never been arrested or convicted of any of the offenses listed on the Volunteer Verification Form.

The cost of the FBI clearance (if needed) and the TB Test are the responsibility of the volunteer. After you have obtained/completed **ALL** of the required items listed above, please drop off the forms to your building secretary or the Administration Office Receptionist to review and approve your completed forms. The District cannot review or hold partially completed volunteer paperwork; only volunteer applications containing all seven (7) completed items can be reviewed. Once your paperwork has been reviewed and approved by the Administration Office Receptionist and you are given a volunteer badge, you may begin volunteering.

*Although the District welcomes and encourages community volunteers, precautions must be taken to keep our students and staff members safe. The District does have the right to exclude any person as a volunteer, if in the District's judgment, believes the participation of that person as a volunteer does not serve the best interests of the students, the school or the District.*

# DOVER AREA SCHOOL DISTRICT CLEARANCE INSTRUCTIONS

All prospective **Volunteers** of the Dover Area School District are required to obtain an Act 34 PA State Police Criminal Record Check (at no cost) and an Act 151 PA Child Abuse History Clearance (at no cost). Volunteers are exempt from the Act 114 FBI Federal Criminal History Clearance (fingerprinting) if they have lived in the state of Pennsylvania for the past ten (10) continuous years. If a volunteer has not lived in PA for ten (10) years, then the volunteer must also obtain the Act 114 FBI Federal Criminal History Clearance (fingerprinting) at their own expense. Effective July 1, 2015 all volunteers of the Dover Area School District must renew their clearances **every five (5) years.**

**Here are the detailed instructions for obtaining the three (3) clearances:**

## 1. **ACT 34 – PA STATE CRIMINAL RECORD CHECK**

- a. Login to <https://epatch.state.pa.us>
- b. Please be sure to select the appropriate type of clearance for educational institutions (School District).
- c. You may also choose to get this clearance solely for the purpose of volunteering in which case you would choose **VOLUNTEER** instead of School District as the type of clearance. Volunteer clearances are **free** of charge, however, please be aware they can only be used for volunteering purposes and not for employment.
- d. Verification will be obtained immediately.
- e. Applicants must provide the school district with a copy of the clearance form when you register as a volunteer.

## 2. **ACT 151 – CHILD ABUSE HISTORY CLEARANCE**

- a. Login to <https://www.compass.state.pa.us/CWIS>
- b. You will need to create an account first.
- c. After creating your account, you will receive an email with your password in order to log in to the website and complete the clearance application.
- d. Please be sure to select the appropriate type of clearance for educational institutions (school, employment, volunteer). You should choose **VOLUNTEER** instead of School District as the type of clearance. Volunteer clearances are free of charge, however, please be aware they can only be used for volunteering purposes and not for employment.
- e. Verification can take up to 12 days and applicants can choose to receive notification via email, mailed to their home address, or both.
- f. Once received, applicants **must** provide the school district with a copy of the clearance form when you register as a volunteer.

3. **ACT 114 - FBI FEDERAL CRIMINAL HISTORY CLEARANCE (Fingerprinting)**

**Note: Volunteers are exempt from the fingerprinting clearance if they have lived in the state of Pennsylvania for the past ten (10) continuous years.**

- a. Applicants **MUST** register online at <https://uenroll.identogo.com> to receive your UEID number prior to getting your fingerprints done at a fingerprinting site. The estimated cost is \$22.00 per request.
- b. You will need your Social Security Number and a credit or debit card in order to submit this request online. To complete your pre-enrollment registration telephonically call 1-844-321-2101 Monday through Friday, 8 AM to 6 PM EST.
- c. Enter PDE-Service Code: 1KG6XN
- d. Choose “Schedule or Manage Appointment”
- e. Enter the information that is requested including choosing a location, date and time for your fingerprinting appointment.
- f. You will see a message that says “You have successfully Pre-Enrolled”. You will also receive a follow up email stating the same thing.
- g. You will be provided with a “UEID” registration number. **PRINT THIS OUT OR WRITE IT DOWN!**
- h. Bring your “UEID” Number and proof of identity to your Fingerprint Appointment to the location of your choice.
- i. After being fingerprinted, applicants must provide the School District with the required “UEID” registration number.

4. **TB TEST GUIDELINES**

- a. After volunteers have received the volunteer packet, they should schedule an appointment to receive their TB test.
- b. Volunteers may either use Concentra Urgent Care, 970 Loucks Road, York, PA 17403 (the school district has partnered with Concentra to provide TB tests for our volunteers, which **must** be paid for by the volunteer) or you may make an appointment with your primary care physician.
- c. Once the test is completed, the prospective volunteer who received the TB test must again report back to the physician’s office where the test was administered to have their TB test read within 48-72 hours from the time of the administration.
- d. A copy of the TB test **must** accompany the completed volunteer paperwork and be submitted to our Administrative Receptionist or school building secretaries.

# Dover Area School District Volunteer Registration Form

The Dover Area School District encourages and welcomes volunteers in our schools. All prospective volunteers must complete a Volunteer Packet and be approved by the Administration Office before having contact with students. Please refer to our Board Policy #916 for more information.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Telephone Numbers: (home) \_\_\_\_\_ (cell): \_\_\_\_\_

Are you a parent of a current DASD Student? \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

My signature indicates that I have received, read and understand the DASD Volunteer Board Policy and agree with the terms as outlined. I certify that the information I have provided on this form is complete and accurate.

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

## Emergency Contact Information

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Special Health Problems/Allergies/Current medications: \_\_\_\_\_

Physician Preference: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Hospital Choice: \_\_\_\_\_ Ambulance Choice: \_\_\_\_\_

In the event that I need emergency treatment requiring ambulance service and/or medical care, you have my permission to seek help as listed above or nearest MD/DO or ambulance/hospital available. I will assume responsibility for fees incurred by such an emergency (via my medical insurance if applicable).

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

**Please complete the entire packet and submit completed paperwork, along with your completed clearances to the Administration Office or to one of the school offices. We will then process and approve your completed paperwork and issue a volunteer badge. We will contact you when your volunteer badge is completed. You cannot volunteer without a badge.**

## FOR OFFICE USE ONLY

_____ Registration Form	_____ Act 24 – Arrest/Conviction Form
_____ Act 114 - FBI Fingerprinting	_____ Act 34 – PA State Police Criminal History
_____ Volunteer Verification Form	_____ Act 151 – PA Child Abuse Clearance
_____ Volunteer Agreement	_____ TB Test Results
_____ <b>Approved/Entered in Database</b>	_____ Requested Badge
	_____ Emailed Secretaries
	_____ Badge picked up/sent to

**DOVER AREA SCHOOL DISTRICT**  
**APPLICATION FOR VOLUNTEER COACHING POSITION**

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PRESENT POSITION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER'S PHONE NUMBER \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENCY? YES \_\_\_\_\_ NO \_\_\_\_\_

HIGH SCHOOL DIPLOMA \_\_\_\_\_ G.E.D. \_\_\_\_\_ RECEIVED FROM \_\_\_\_\_

**REFERENCES:** List those who can attest to your experience and ability. List name, address & phone number.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**ATHLETIC EXPERIENCE:** Please list sports played and/or coaching assignments.

**Playing:** \_\_\_\_\_

**Coaching:** \_\_\_\_\_

**AVAILABILITY:** Please list the times during the day when you are available and any curricular or extracurricular activities which may limit your availability.

**ASSIGNMENT DESIRED:** List sports you would consider coaching:

**Head Coach:** \_\_\_\_\_

**Assistant Coach:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COACHING EXPERIENCE (Use extra sheet if required)**

<b>School</b>	<b>Level</b>	<b>Position</b>	<b>From</b>	<b>Reason for Leaving</b>
---------------	--------------	-----------------	-------------	---------------------------

---

---

---

---

---

---

**COACHING PREFERENCES**

<b>Name</b>	<b>Position</b>	<b>School</b>	<b>Address</b>	<b>Phone</b>
-------------	-----------------	---------------	----------------	--------------

---

---

---

---

---

---

**PHILOSOPHY (Explain your philosophy as it applies to these areas)**

**Winning**

---

---

**Sportsmanship**

---

---

**Discipline**

---

---

# Dover Area School District

## Volunteer Verification Form

*For exemption from FBI Federal Criminal History Clearance*

The Child Protective Services Law requires all volunteers to complete three (3) clearances, including the FBI Federal Criminal History Clearance. However, the Law includes a limited exception which exempts a prospective volunteer from the FBI Clearance if both of the following conditions apply: (1) the prospective volunteer has been a resident of Pennsylvania during the entirety of the previous ten-year period; and (2) the prospective volunteer swears or affirms in writing that he/she is not disqualified from service by reason of criminal history. If you have lived outside of Pennsylvania at any point during the prior ten (10) years, you are not eligible for the exemption and this Verification form does not apply to you. If properly completed, this Verification form will excuse eligible volunteers from the FBI Clearance Criminal History Clearance.

Please read the statements below. If the statements are true and apply to you, please sign and date the Verification at the bottom. If you have any questions about this Verification or your eligibility, you must contact the District before submitting the form.

- I swear and affirm that I have been a resident of Pennsylvania during the entirety of the previous ten- year period.
- I swear and affirm that:
  - I have never been named in the Statewide database as the perpetrator of a founded report of child abuse committed within the last five (5) years.
  - I have never been arrested or convicted of the following offenses under the Pennsylvania Crimes Code or an equivalent crime 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 2701 (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 the death of a 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 sexual abuse of children)

Section 6312 (relating to sexual abuse of children)

The attempt, solicitation or conspiracy to commit any of the offenses set forth above. A felony offense under the Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding verification.

I make this statement and submit this Verification under the penalty of perjury as more fully set forth in 18 Pa. C.S. § 4904.

---

Prospective Volunteer Signature

---

Date

# Dover Area School District

## Volunteer Agreement

- I agree to perform the duties assigned to me in accordance with District policies and procedures as outlined in this Volunteer Manual.
- I agree to conduct myself in a professional manner, to promote the education and interests of the students and the reputation of the Dover Area School District.
- I agree not to disclose any confidential information or materials that I may have access to as a result of my volunteer assignment.
- I have read and understand the above provisions and the policies as outlined in this manual.
- I understand a disregard of these terms could result in termination of my volunteer assignments.
- Completing and submitting the Volunteer Registration Form indicates agreement with these terms.

---

Print Name

---

Date

---

Signature



**ARREST/CONVICTION REPORT AND CERTIFICATION FORM**  
 (under Act 24 of 2011 and Act 82 of 2012)

**Section 1. Personal Information**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other names by which you have been identified: \_\_\_\_\_

**Section 2. Arrest or Conviction**

By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

**Details of Arrests or Convictions**

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

\_\_\_\_\_

\_\_\_\_\_

**Section 3. Child Abuse**

By checking this box, I state 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.

By checking this box, I report that I have 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.

**Section 4. Certification**

*By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having 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.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

**PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.**

## LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:
 

<ul style="list-style-type: none"> <li>▪ Chapter 25 (relating to criminal homicide)</li> <li>▪ Section 2702 (relating to aggravated assault)</li> <li>▪ Section 2709.1 (relating to stalking)</li> <li>▪ Section 2901 (relating to kidnapping)</li> <li>▪ Section 2902 (relating to unlawful restraint)</li> <li>▪ Section 2910 (relating to luring a child into a motor vehicle or structure)</li> <li>▪ Section 3121 (relating to rape)</li> <li>▪ Section 3122.1 (relating to statutory sexual assault)</li> <li>▪ Section 3123 (relating to involuntary deviate sexual intercourse)</li> <li>▪ Section 3124.1 (relating to sexual assault)</li> <li>▪ Section 3124.2 (relating to institutional sexual assault)</li> <li>▪ Section 3125 (relating to aggravated indecent assault)</li> <li>▪ Section 3126 (relating to indecent assault)</li> <li>▪ Section 3127 (relating to indecent exposure)</li> <li>▪ Section 3129 (relating to sexual intercourse with animal)</li> <li>▪ Section 4302 (relating to incest)</li> <li>▪ Section 4303 (relating to concealing death of child)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Section 4304 (relating to endangering welfare of children)</li> <li>▪ Section 4305 (relating to dealing in infant children)</li> <li>▪ A felony offense under section 5902(b) (relating to prostitution and related offenses)</li> <li>▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)</li> <li>▪ Section 6301(a)(1) (relating to corruption of minors)</li> <li>▪ Section 6312 (relating to sexual abuse of children)</li> <li>▪ Section 6318 (relating to unlawful contact with minor)</li> <li>▪ Section 6319 (relating to solicitation of minors to traffic drugs)</li> <li>▪ Section 6320 (relating to sexual exploitation of children)</li> </ul>
---	---
- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as “The Controlled Substance, Drug, Device and Cosmetic Act.”
- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
  - the United States; or
  - one of its territories or possessions; or
  - another state; or
  - the District of Columbia; or
  - the Commonwealth of Puerto Rico; or
  - a foreign nation; or
  - under a former law of this Commonwealth.

- **A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.