



## Volunteer Program Renewal Checklist (as of 9.9.24)

---

Here are the items that you will need to update your clearances and remain active as a volunteer for the Dover Area School District. This checklist must be completed along with all necessary items and returned to the Administration Building (101 Edgeway Road, Dover PA 17315).

- ☐ Update Volunteer Information Sheet (signed and date)
  
- ☐ PA Child Abuse History Certification (Act 151)
  - See attached instructions
  
- ☐ PA State Police Response for Criminal Record Check (Act 34)
  - See attached instructions
  
- ☐ Volunteer Verification Form
- OR
- ☐ FBI Criminal History Record
  - See attached instructions

---

Any questions, please contact Shannon Brodbeck ([sebrodbeck@doversd.org](mailto:sebrodbeck@doversd.org))  
Or your Building Secretary

# 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  
\_\_\_\_ FBI Fingerprinting (PAE Form)  
\_\_\_\_ Volunteer Verification Form  
\_\_\_\_ Volunteer Agreement  
\_\_\_\_ **Approved/Entered in Database**

\_\_\_\_ Act 24 – Arrest/Conviction Form  
\_\_\_\_ Act 34 – PA State Police Criminal History  
\_\_\_\_ Act 151 – PA Child Abuse Clearance  
\_\_\_\_ TB Test Results

# 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:
  - o 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.
  - o 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 CLEARANCE RENEWAL INSTRUCTIONS**

---

All 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. **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.pa.gov/home>
  - b. Select “New Volunteer Record Check” -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.
  - c. Verification and clearance will be obtained immediately.
  - d. Applicants must provide the school district with a copy of the clearance.
2. ACT 151 – CHILD ABUSE HISTORY CLEARANCE
  - a. **Login to** <https://www.compass.state.pa.us/cwis/public/home>
  - b. Since you have previously requested a child abuse clearance as a volunteer, you will need to select “Individual Login”.
    - i. It will not let you create a new user login if you are using the same email.
    - ii. You will have the ability to reset your user ID and password.
  - c. 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.
    - i. As a volunteer applicant you are permitted to receive one certification free of charge every 57 months. In order to submit a volunteer application without a payment, you are required to affirm that you have not already received a paper or electronic volunteer certification free of charge within the previous 57 months. Please be aware they can only be used for volunteering purposes and not for employment.

- **Volunteer Having Contact with Children:** 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.

"Individuals submitting an application as a Volunteer Having Contact with Children agree to use the certification for volunteer purposes only. The application fee will be waived if you have not obtained a volunteer certification free of charge within the previous 57 months.

Please Note: The use of the term "certification " is used interchangeably with "clearance".

**Volunteer Category** (required)

Other

**Agency Name** (required)

Dover Area School District

- d. Verification can take up to 12 days and applicants can choose to receive notification via email, mailed to their home address, or both.
  - e. Applicants must provide the school district with a copy of the clearance.
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. Please complete the Volunteer Verification form in place of the FBI fingerprint clearance.*
- 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.
    - i. You will need your Social Security Number and a credit or debit card in order to submit this request online.
    - ii. Enter PDE-Service Code: 1KG6XN
    - iii. Choose "Schedule or Manage Appointment"
    - iv. Enter the information that is requested including choosing a location, date and time for your fingerprinting appointment.
  - b. You will see a message that says "You have successfully Pre-Enrolled".
  - c. You will be provided with a "UEID" registration number. Bring your "UEID" Number and proof of identity to your Fingerprint Appointment to the location of your choice.
  - d. After being fingerprinted, applicants must provide the School District with the required "UEID" registration number.