

SPRING-FORD AREA SCHOOL DISTRICT

Annual Volunteer Registration and Disclosure Statement

Volunteer Information

First Name: _____ Last Name: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Email Address: _____

Emergency Name: _____ Emergency Phone: _____

Child's Name(s): _____ Child's Grade(s): _____

Relationship to Child(ren): _____

Volunteer Tuberculosis Exposure Statements

1. Were you (the volunteer) born outside the United States?
 _____ No _____ Yes (if yes, complete the Tuberculosis Exposure Risk Assessment Questionnaire)
2. Have you (the volunteer) traveled outside the United States for more than 90 days?
 _____ No _____ Yes (if yes, complete the Tuberculosis Exposure Risk Assessment Questionnaire)

If you have answered yes to either of the questions above, you will be required to complete and return the Tuberculosis Exposure Risk Assessment Questionnaire. In some cases, an Interferon –Gamma Release Assay (IGRA) blood test or a PPD skin test, completed by a physician, will be required. A report must be on-file with the prior to volunteering in the district.

Volunteer Disclosure Statements

BY CHECKING THIS BOX, I affirm under the penalty of perjury that I have **not** committed, pled guilty to and/or been convicted of, nor am I presently charged with, any of the following offenses:

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:
- | | |
|--|---|
| 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 2910 (relating to luring a child into a motor vehicle or structure) |
| Section 3121 (relating to rape) | Section 3122.1 (relating to statutory sexual assault) |
| Section 3123 (relating to involuntarily deviate sexual intercourse) | Section 3124.1 (relating to sexual assault) |
| Section 3124.2 (relating to institutional sexual assault) | Section 3125 (relating to aggravated indecent assault) |
| Section 3126 (relating to indecent assault) | Section 3127 (relating to indecent exposure) |
| Section 3129 (relating to sexual intercourse with an animal) | Section 4302 (relating to incest) |
| Section 4303 (relating to concealing death of child) | Section 4304 (relating to endangering welfare of child) |
| Section 4305 (relating to dealing in infant children) | A felony offense under Section 5902(b) (relating to prostitution) |
| Section 5903(c) or (d) (relating to obscene and other sexual materials and performances) | Section 6301(a)(1) (relating to corruption of minors) |
| Section 6312 (relating to sexual abuse of children) | Section 6318 (relating to unlawful contact with minor) |
| Section 6319 (relating to solicitation of minors to traffic drugs) | Section 6320 (relating to sexual exploitation of children) |

(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 in clauses (1) and (2) 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.

BY CHECKING THIS BOX, I affirm that I have **not** committed, pled guilty to and/or been convicted of, nor served a sentence for, any offense graded as a felony offense of the first, second or third degree, within the past ten (10) years.

BY CHECKING THIS BOX, I affirm that I have **not** committed, have not pled guilty to and/or been convicted of, nor served a sentence for, any offense graded as a misdemeanor of the first degree, within the past five (5) years.

BY CHECKING THIS BOX, I affirm that I have **not** on more than one occasion pled guilty to and/or been convicted of any offense under 75 Pa.C.S. Section 3802(a), (b), (c) and/or (d) (relating to driving under the influence of alcohol or controlled substance) that was graded as a misdemeanor of the first degree, or, if I have so pled guilty and/or been convicted of such offense(s) on more than one occasion, that I have not pled guilty to and/or been convicted of, nor served a sentence for any of those convictions within the past three (3) years.

BY CHECKING THIS BOX, I affirm that I have **not** been named as a perpetrator of a founded report of bodily injury, sexual abuse, or sexual exploitation of a child.

BY CHECKING THIS BOX, I affirm that I have been provided with a copy of, and have read and understand, and agree to comply with the District's policy regarding School Volunteers.

The Spring-Ford Area School District Board values the unique contributions made by parents, guardians and community volunteers to the educational and extracurricular programs of the school district. Accordingly, the Board encourages the use of parent/guardian and community volunteers, subject to certain requirements and procedures as set forth below.

Definition of a Volunteer

A volunteer is defined as any individual who performs a service for the school district without compensation, remuneration or other consideration and who otherwise meets the requirements of this policy. A volunteer must be at least eighteen (18) years of age. A volunteer need not be a parent/guardian of a student enrolled in the school district. A volunteer, for purposes of this policy, shall include but is not limited to the following opportunities:

- Serving as a daily classroom, library or office assistant
- Assisting with classroom or building special events/celebrations
- Chaperoning a single day field trip and/or overnight field trip/competition
- Volunteering with any of the district interscholastic athletic teams and musical performance groups
- Advising or assisting an extracurricular activity
- Providing supplemental assistance to a student

Holding the position of a volunteer is not a right, but a privilege conferred upon the volunteer by the Board, acting through the building principal of each school within the school district. All volunteers have specific requirements, including submitting this form, that need to be completed **PRIOR** to participating in any volunteer experience.

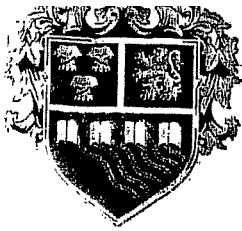
Child Protective Services Law – On December 31, 2014, changes to the Pennsylvania State Child Protective Services Law (CPSL) became effective. Clearance documents for all volunteers are valid with the district for a maximum of three (3) years and must be updated and resubmitted in order to continue as a volunteer. *Prior to participating in any volunteer opportunity*, each volunteer shall be required to complete and submit:

- Act 34 (Criminal History Clearance Report)
- Act 151 (Child Abuse Clearance Report)
- Act 114 (FBI Criminal Clearance Report)
- *The new volunteer clearance requirements went into effect July 1, 2015*

By signing this form, I certify that I have provided true and correct information on this form to the best of my knowledge, information and belief. I understand that my verification of the accuracy of this information on this form is made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Volunteer Signature

Date



SPRING-FORD AREA SCHOOL DISTRICT

DISTRICT ADMINISTRATION OFFICE

857 SOUTH LEWIS ROAD, ROYERSFORD, PA 19468

Tuberculosis Exposure Risk Assessment Questionnaire for Volunteers

if needed

2016-17 School Year

Volunteer Name _____

School _____

Date of Completion _____

Question 1. Were you (the volunteer) born outside the United States?

• If Yes, answer the following:

- What country:
- Is this country listed as having an incidence rate ≥ 20 per 100,000 cases as per the World Health Organization (WHO) document as per Estimated Global Tuberculosis Incidence Worksheet.
 - i. If Yes, you must complete Part B of this form.

If No: Please answer Question 2

Question 2. Have you (the volunteer) traveled outside the United States for ≥ 90 days?

• If Yes, answer the following:

- What country or countries:
 - Is this country listed as having an incidence rate ≥ 20 per 100,000 cases as per the World Health Organization (WHO) document as per Estimated Global Tuberculosis Incidence Worksheet.
- If Yes, you must complete Part B of this form

If No, No testing is required. – No Additional Action Needed.

Part B: Tuberculosis Symptom Screening:

If the volunteer answered Yes to any part of Question 1 or Question 2, please answer the following statement about any current TB symptoms:

- | | | |
|------------------------------|------------------------------|-----------------------------|
| ■ Cough greater than 3 weeks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Blood in sputum | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Night sweats or fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Unexplained weight loss | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Loss of appetite | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of the symptoms, the volunteer must have an Interferon –Gamma Release Assay (IGRA) blood test or a PPD skin test completed by a physician. A report must be on-file with the school prior to volunteering in the district.

SCHOOL USE ONLY:

Part A - Question 1 – Y or N _____

Part B Needed – Y or N _____

IGRA or PPD Test Needed – Y or N _____

Part A - Question 2 – Y or N _____

If Yes to Part B – Number of Yes Responses _____

IGRA or PPD Test Result on File – Y or N _____