

Program Hosting Minors
Volunteer (Unpaid) Packet Instructions

Complete the forms in this packet using the information provided below. Once all forms are complete and clearances have been initiated or submitted, return the packet and clearance documents to the Coach or Program Administrator overseeing your camp or program.

- 1.) Form #1:** Pennsylvania's State System of Higher Education Background Clearance Certification for Provisional Employment or Volunteering (Under the Child Protective Services Law)
 - a. Complete sections 1; 3; 4; and 5
 - b. Sign and date form

- 2.) Form #2:** Pennsylvania's State System of Higher Education Volunteer Exemption from FBI Background Check (Under the Child Protective Services Law)
 - a. Complete this form to be exempt from fingerprints ONLY if you have lived in the state of Pennsylvania for the past 10+ consecutive years.
 - b. Complete sections 1, 2, and 3
 - c. Sign and date form
 - i. If you do not live in PA, or have not lived here for at least 10 years, leave this form blank and complete the Fingerprint Instructions in #3

- 3.) Instructions #1:** Volunteers-Fingerprint Registration Instructions
 - a. Please complete the registration in its entirety. Volunteers are responsible for the cost of their clearances but are welcome to schedule an appointment with our office for fingerprinting after registration is complete. Individuals should bring the ID used during registration and a debit or credit card for payment.
 - i. Fingerprint appointments can be scheduled by contacting our office at 724-738-2069
 - ii. Questions can be directed to programhostingminors@sru.edu

- 4.) Instructions #2:** PA Child Abuse History Clearance Instructions for Camp and Programs Hosting Minors Volunteers
 - a. **Complete the instructions completely.** Volunteers are responsible for the cost of their clearances
 - i. Questions can be directed to programhostingminors@sru.edu

- 5.) Form #3:** Slippery Rock University of PA Authorization Form
 - a. **Complete this form in its entirety.** This will allow us to run a volunteer PA State Criminal History Check on your behalf.

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- 6.) **Form #4:** Slippery Rock University Authorized Adults or Program Staff Code of Conduct
 - a. Read through the form and print name, sign name, and date
- 7.) **Return this entire packet along with copies of your PA Child Abuse Clearance, and Fingerprint Results (only if you are not eligible to complete form #2) to the Coach or Program Administrator you are volunteering for.**
 - a. Questions can be directed to programhostingminors@sru.edu



Pennsylvania's State System of Higher Education
Background Clearance Certification
for Provisional Employment or Volunteering
(Under the Child Protective Services Law)

Please read this entire form carefully before completing it. This form is to be used by prospective employees/volunteers to meet the written certification requirement to be considered as a provisional hire or volunteer assignment. In certain limited circumstances, current employees/volunteers may need to complete this form.

Section 1. Personal Information

Full Legal Name: _____ Date of Birth: ____/____/____

Any former names or aliases by which you have been identified: _____

Section 2. Instructions

Please submit this form to SLIPPERY ROCK UNIVERSITY.

If you have any question about whether to report an offense, you should report it. Failure to report may result in disqualification for employment.

List of Reportable Offenses

A Reportable Offense enumerated under Pennsylvania's Child Protective Services Law, 23 Pa.C.S. §6344(c), consists of one or more of the following:

1. Provisions of Title 18 of the Pennsylvania Consolidated Statutes (relating to crimes and offenses) 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 the Commonwealth of Pennsylvania:
 - 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 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 corruption of minors
 - Section 6312 relating to sexual abuse 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," committed within the preceding five-year period.
3. A founded report of child abuse within the preceding five-year period in the statewide database maintained by the Department of Human Services.

Section 3. No Conviction

- ☐ By checking this box, I certify that I have **not** been convicted of any Reportable Offense or an offense similar in nature to a Reportable Offense 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 the Commonwealth of Pennsylvania. (See Section 2 for a list of Reportable Offenses.)

Section 4. Application for Background Checks

I certify that I have applied for the following required background clearance checks:

- ☐ A report of criminal history record from the Pennsylvania State Police (PSP) or statement from the PSP that no criminal record exists.
- ☐ Certification from the Pennsylvania Department of Human Services as to whether I am named in the statewide database as a perpetrator in a pending child abuse investigation or in a founded report or indicated report of child abuse.
- ☐ A report of federal criminal history record information. I understand that I must submit a full set of fingerprints to the PSP to obtain this report.
- ☐ I further certify that I have provided copies of the completed request forms for these background clearance checks to Pennsylvania's State System of Higher Education. (Appropriate forms may be attached to this Certification Form.)

Section 5. Certification

By signing this form, I swear and affirm 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.

I understand that Slippery Rock University will use the University's address to receive the results of my clearance checks.

Signature

Date

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Pennsylvania's State System of Higher Education Volunteer Exemption from FBI Background Check (Under the Child Protective Services Law)

Please read this entire form carefully before completing it. This form is to be used by a Pennsylvania resident who serves or wants to serve as a volunteer with a program or activity associated with Pennsylvania's State System of Higher Education or one of its universities and seeks exemption from the requirement to submit a report of federal criminal history record information (FBI background check). You are still required to submit a report of criminal history record information from the Pennsylvania State Police and a certification from the Department of Human Services concerning child abuse.

Section 1. Personal Information

Name of Volunteer:

Date:

Current Address:

Number of Months Years at this Address*

**If less than ten years, provide prior Pennsylvania addresses on a separate page.*

Volunteer Position:

Section 2. Instructions

Check the appropriate boxes below, then sign the certification under Section 3.

- ☐ By checking this box, I certify that I have been a resident of Pennsylvania for the entirety of at least the last ten consecutive years prior to the date of this application, which is set forth above.
- ☐ By checking this box, I certify that I have not been convicted of any of the Reportable Offenses listed below.

List of Reportable Offenses

A Reportable Offense enumerated under Pennsylvania's Child Protective Services Law, 23 Pa.C.S. § 6344(c), consists of one or more of the following:

1. Provisions of Title 18 of the Pennsylvania Consolidated Statutes (relating to crimes and offenses) 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 the Commonwealth of Pennsylvania:
 - Chapter 25 relating to criminal homicide
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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," committed within the preceding five-year period.
3. A founded report within the preceding five-year period in the statewide database maintained by the Department of Human Services.

Section 3. Certification

By signing this form, I swear and affirm under penalty of law that the statements made in this form are true, accurate, 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.

Volunteer's Signature

Date

Volunteers -Fingerprint Registration Instructions

(this is only to be done by individuals who have not lived in PA for 10+ consecutive Years)

FBI FINGERPRINT CLEARANCE (IndentoGO website):

Current state or federal issued photo ID is required to complete this process

- Go to: <https://uenroll.identogo.com/>
- Enter Service Code: 1KG756 – Click Go
- Click <Schedule or Manage Appointment>
- Complete application
- **Your Employer is:** SRU – 104 Maltby Ave. Ste 203, Slippery Rock, PA 16057
- Answer no, I do not have an authorization/payment code – We will apply a payment code when you come in for your appointment
- All volunteers are responsible for paying for their own clearances but are welcome to make an appointment with us to take prints to schedule an appointment with our office, enter SP-SLIPPERYROCK for location and select “walk in”, **contact our office at 724-738-2069 to schedule a fingerprint appointment.** If you would like to visit another location, use your zip code to schedule with a location close to you
- Print the Registration Screen
- **Remember to bring the same ID you used in the application to your appointment and a form of payment (debit or credit card)**

PA Child Abuse History Clearance Instructions for Camp and Programs Hosting Minors Volunteers

1. Log into <https://www.compass.state.pa.us/CWIS/Public/Home>
2. Click CREATE INDIVIDUAL ACCOUNT; click NEXT
3. Create a Keystone ID, 6 to 10 characters (write it down)
4. Enter personal information (first name, last name, date of birth, email, etc.)
5. Answer four security questions
6. Once complete, click FINISH.
7. A new window will appear your temporary password has been sent to your email
8. Retrieve the temporary password from your email, copy the password.
9. Return to <https://www.compass.state.pa.us/CWIS/Public/Home> and click **INDIVIDUAL LOGIN**
10. Click **ACCESS MY CLEARANCES**
11. **Read** Disclosure of Personal Information notice and click **CONTINUE**
12. Enter your Keystone ID and paste the temporary password, click **LOGIN**.
13. **Create a permanent password** (write it down). Click **SUBMIT**
14. A confirmation message displays that a new password has been created.
15. Go to <https://www.compass.state.pa.us/CWIS/Public/Home> click **INDIVIDUAL LOGIN**, input your **Keystone ID** and **your new password** and click **LOGIN**.
16. Review: **I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions** and click **NEXT**.
17. **Read** the Disclosure of Personal Information notice, click **CONTINUE**.
18. Click **CREATE CLEARANCE APPLICATION**.
19. Read the overview, click **BEGIN**
20. Part 1 – Application Purpose:
Choose: Volunteer Having Contact with Children...
Volunteer Category: Other
Agency Name: Slippery Rock University

PA Child Abuse History Clearance Instructions for Camp and Programs Hosting Minors Volunteers

21. COMPLETE ALL PERSONAL INFORMATION

- Addresses lived at since 1975, only permanent addresses (not college).
- Enter individuals you have lived with since 1975 (not college roommates). If you have a family member who has passed, enter the age they were at the time of their passing.

22.) Save application, sign your name, and submit payment

23.) A week after submission of the application, return to the website, log in with the credentials you created while using these instructions, and download a copy of your clearance. Send the downloaded copy of your clearance to your Coach or the Program Administrator so they can submit it to our office



**Authorization to Conduct Pennsylvania State
Criminal History Check**

Please enter the information requested below (**please print**):

First Name: _____

Middle Name: _____

Last Name: _____

Social Security #: _____

Date of Birth: _____

Phone #: _____ SRU email: _____@sru.edu

Optional Demographic Data:

Sex: Male _____ Female _____ Unknown _____

Race: White _____ Asian _____ African American _____

American Indian _____ Unknown _____

Other names used (for example: aliases and/or maiden name):

First

Middle

Last

By signing below, I acknowledge that as a PA State employee/volunteer I am mandated to report any arrest and/or conviction of a reportable offense under Pennsylvania Child Protective Services Law, 23 Pa.C.S. §6344(c), **WITHIN 72 HOURS**, to the Office of Human Resources, Assistant VP Lynne Motyl, Room 205 Old Main, 724-738-2070. I also hereby authorize Slippery Rock University to conduct a Pennsylvania State Criminal History check and receive the results of this check to determine my suitability for employment/volunteering.

Signature

Today's Date

Choose one from the list below:

___ **I am a new student worker**, I'm registered for 6 credits or more and will be working in:

Name of Department

Name of Supervisor

___ **I am a student volunteer** for:

Name of Department /Program

Name of Supervisor

Slippery Rock University
Authorized Adults or Program Staff Code of Conduct

Authorized adults or program staff should be positive role models for minors and act in a responsible manner consistent with the mission of SRU. Authorized adults or program staff are required to comply with all applicable laws and PASSHE Board of Governors' and university policies. Authorized adults or program staff working in programs covered by this policy must adhere to the following expectations.

- a) Do not engage in any sexual activity, make sexual comments, tell sexual jokes, or share sexually explicit material with minors or assist in any way to provide access to such material to minors
- b) Do not engage or allow minors to engage you in romantic or sexual conversations or related matters unless it is a direct part of your professional responsibilities. Examples of a direct part of professional responsibilities would include counselor/patient or medical professional/patient appointments.
- c) Similarly, do not treat minors as confidantes; refrain from sharing sensitive personal information. Examples of sensitive personal information that should not be shared with minors are information about financial challenges, workplace challenges, drug or alcohol use, and romantic relationships.
- d) Do not touch minors in a manner that a reasonable person could interpret as inappropriate. All personal physical contact should generally occur in the open, and in response to the minor's needs, for a purpose that is consistent with the program's mission and culture, or for a clear educational, developmental, or health-related purpose (e.g., treatment of an injury). Any refusal or resistance from the minor should be respected.
- e) Do not use harassing language that would violate Board of Governors' Policy 2009-03: *Social Equity*, or university harassment policies.
- f) Do not be alone with a minor. If one-on-one contact is required, meet in open, well-illuminated spaces or rooms with windows observable by other authorized adults or program staff, unless the one-on-one contact is expressly authorized by the program administrator or is being undertaken for medical care.
- g) Do not meet with minors outside of established times for program activities, class activities, and office hours. Any exceptions require written parental authorization and must include more than one authorized adult or program staff.
- h) Do not invite individual minors to your home or other private locations. Any exceptions require authorization by the program administrator and written authorization by a parent/guardian.
- i) Do not provide gifts to minors or their families independent of items provided by the program.
- j) Do not engage or communicate with minors except for an educational or programmatic purpose; the content of the communication must be consistent with the mission of the program and the university.
- k) Do not engage in any abusive conduct of any kind toward, or in the presence of, a minor, including, but not limited to, verbal abuse, striking, hitting, punching, poking, spanking, or restraining. If restraint is necessary to protect a minor or other minors from harm, all incidents must be documented and disclosed to the program administrator and the minor's parent/guardian.
- l) Do not use, possess, or be under the influence of alcohol or illegal drugs while on duty, or in the presence of minors involved in a program, or when responsible for a minor's welfare.

- m) Do not provide alcohol or illegal substances to a minor.
- n) Do not provide medication to a minor unless authorized by the program's medication management guidelines.
- o) When transporting minors, more than one authorized adult or program staff from the program must be present in the vehicle, except when multiple minors will be in the vehicle at all times through the transportation. Avoid using personal vehicles if possible and comply with the program's transportation guidelines.

ACKNOWLEDGEMENT

I acknowledge that I received and read Slippery Rock University's **Authorized Adults or Program Staff Code of Conduct**.

Print Name: _____

Signature: _____

Date: _____