



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
 - 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 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

PA Child Abuse History Clearance Instructions for SRU Student VOLUNTEERS Only

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 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**.

CONTINUED ON BACK.....

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

21. **COMPLETE ALL PERSONAL INFORMATION**

- A. Addresses lived at since 1975, only permanent addresses (not college).
- B. 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.
- C. **STOP** here, **SAVE APPLICATION**(*upper right corner*)
- D. Close the window and bring your user name and password to the Payroll Office (203 Old Main) for a volunteer code to complete the process.

YOU MUST BRING YOUR USER NAME AND PASSWORD.

THANK YOU!



**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



**Pennsylvania's State System of Higher Education
Background Clearance Certification
for Transfer of Clearances from Another Employer
or Another Volunteer Position**
(Under the Child Protective Services Law)

Please read this entire form carefully before completing it. This form is to be used by employees or prospective employees who have obtained background clearances from another employer within the last five years (60 months). The Child Protective Services Law provides for the portability of clearances obtained for employment purposes with certification from the employee or prospective employee that he/she is not disqualified from employment or service under the Child Protective Services Law.

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:

<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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
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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 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

- By checking this box, I certify that I have provided copies of the required background clearance checks that were obtained by my previous employer or volunteer agency within the last five years (60 months).

Section 5. 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.

Signature

Date



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

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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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