



## **1. CHILD ABUSE CLEARANCE**

Click on this link: <https://www.compass.state.pa.us/CWIS>

- Click on: Create Individual Account
  - Click on “Access My Clearances”
- You create a Keystone ID and Password (this is the same thing as a Username)
- An email will then be sent to the email address you provide; in that email will be a code along with a link. Click on that link and enter in the code
- From there, create your application

Creating an account and submitting your clearance application online will give you access to your results or the status of your results almost immediately.

Be sure to select “**Volunteer**” as your reason for submitting the application, this will waive the fees.

Once you completed the application, you will receive an email that has a link in it. Following that link will take you to your results; you can print that form and turn into Human Resources.

An additional copy will be mailed to the address you put in the application (typically a 2 week turn around).

**Cost: \$0.00**

## **2. PENNSYLVANIA STATE POLICE CRIMINAL RECORD CHECK INSTRUCTIONS**

Applicants can go to the Pennsylvania Access to Criminal History website and apply for their criminal record check online with the Pennsylvania State Police at: <https://epatch.state.pa.us/Home.jsp>

- Click on Submit A New Record Check
- **Reason: Volunteer**

Once you complete the application you will be able to print your certificate almost immediately. Click on the words “**Certification Form,**” that will take you to your official results, print that document and turn into Human Resources.

If you have questions about the Pennsylvania State Police Request for Criminal Record Checks form (SP4 164), please call: (717) 783-9973 or toll free 1-888-783-7972.

**Cost: \$0.00**



### **3. Federal Criminal History Background Checks**

The fingerprint-based background check is a multiple-step process, as follows:

1. **Registration** – Click on this link: <https://uenroll.identogo.com>.
  - The applicant must register prior to going to the fingerprint site
  - During the pre-enrollment process, all demographic data for the applicant is collected (name, address, etc.) along with notices about identification requirements and other important information
  - When registering on-line, an applicant is required to use a service code

**1KG6XN**

Fingerprint requests processed through any service code or through any other agency **cannot** be accepted and are not transferrable. If an applicant enters the wrong code by mistake, the incorrect applicant type will appear at the top of the screen. The applicant should select the “Back to Home” button and begin the process again, by reentering the correct Service Code (**1KG6XN**).

If the applicant proceeds with the process under the incorrect code, the pre-enrollment and/or results cannot be used by our District and the applicant will have to start the process over and pay for the background check again.

2. **Payment** - The applicant will pay a fee of **\$22.60** for the fingerprint service and to secure an unofficial copy of the Criminal History Record. No cash transactions or personal checks are allowed.

### **3. Fingerprint Locations**

| <b>Company</b>                    | <b>Address</b>                       | <b>Info</b>                                     | <b>Hours</b>                       |
|-----------------------------------|--------------------------------------|---|------------------------------------|
| Delaware County Intermediate Unit | 200 Yale Ave<br>Morton, PA 19070     | Walks In Accepted,<br>appointments preferred    | Monday – Friday<br>8:30-12; 1-4:30 |
| IndentGo                          | 950 E. Haverford Rd<br>Bryn Mawr, PA | This is a Medical Office<br>Building, Suite 220 | Monday – Thursday<br>10a-3:30p     |
| IndentGo                          | 1 Bala Ave<br>Bala Cynwyd, PA        | Suite 420                                       | Monday – Friday<br>9a-5p           |



|          |                                    |  |  |
|----------|------------------------------------|--|--|
| IndentGo | 814 Paoli Pike<br>West Chester, PA |  | Monday - Wednesday: 9a-6<br>Thursday: 09:00 AM - 07:00 PM<br>Friday: 09:00 AM - 05:00 PM |
|----------|------------------------------------|--|--|

4. Please save your **UEID Number** and give this to your school's main office. This is found on the receipt provided to you after you are fingerprinted.



## MARPLE NEWTOWN SCHOOL DISTRICT

### VOLUNTEER AFFIDAVIT

I, \_\_\_\_\_, wish to serve the Marple Newtown School District as a volunteer who will be responsible for the welfare of a child and/or will have direct contact with children, as defined by the Child Protective Services Law. I understand that, before I can do so, I must obtain Pennsylvania Child Abuse, Pennsylvania Criminal History, and FBI criminal history clearances to serve in this capacity. I further understand that I must provide the clearances to the MNSD, which will notify me if I am able to serve as a volunteer. I recognize that the MNSD has the right to not allow me to serve as a volunteer based on the clearances received.

Any of the following **disqualifies** a person from serving as a volunteer in the MNSD:

1. Named in the Statewide database as the perpetrator of a founded report committed within the five (5) year period immediately preceding;
2. Convicted of one or more of the following offenses under Title 18 of the PA Crimes Code or similar Federal law or law of another state:
  - a. Chapter 25 (relating to criminal homicide)
  - b. Section 2702 (relating to aggravated assault)
  - c. Section 2709.1 (relating to stalking)
  - d. Section 2901 (relating to kidnapping)
  - e. Section 2902 (relating to unlawful restraint)
  - f. Section 3121 (relating to rape)
  - g. Section 3122.1 (relating to statutory sexual assault)
  - h. Section 3123 (relating to involuntary deviate sexual intercourse)
  - i. Section 3124.1 (relating to sexual assault)
  - j. Section 3125 (relating to aggravated indecent assault)
  - k. Section 3126 (relating to indecent assault)
  - l. Section 3127 (relating to indecent exposure)
  - m. Section 4302 (relating to incest)
  - n. Section 4303 (relating to concealing the death of a child)
  - o. Section 4304 (relating to endangering the welfare of a child)
  - p. Section 4305 (relating to dealing in infant children)
  - q. A felony offense under section 5902(b) (relating to prostitution and related offenses)
  - r. Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
  - s. Section 6301 (relating to corruption of minors)



- t. Section 6312 (relating to sexual abuse of children)
- u. The attempt, solicitation or conspiracy to commit any of the offenses set forth above

3. Convicted of a felony offense under the Controlled Substance, Drug, Device and Cosmetic Act, committed within the five (5) year period immediately preceding.

I hereby swear and affirm that I am not disqualified from service as a volunteer responsible for the welfare of a child and/or having direct contact with school children due to conviction(s) of any of the above.

I hereby swear and affirm that I have not been named in the Statewide database as the perpetrator of a founded report committed within the five (5) year period immediately preceding this date.

**Volunteer:**

I understand that in the course of my volunteer time with Marple Newtown School District that I may become aware of confidential information about specific students, which may include such information as students' academic performance, behavior, health, disabilities and related matters. I understand and agree that I will not disclose such confidential information except to school employees who have a need to know.

I have read, understand, and agree to the information presented above:

\_\_\_\_\_  
Print Name Date

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



## Volunteer Application

Please complete this form and return to the Marple Newtown school that you are requesting to volunteer. All new volunteers must meet with a school representative prior to actually volunteering in order to review the Marple Newtown School District volunteer policies and procedures.

Volunteer's Full Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Volunteer Assignment: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone Number to Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (if you are less than 18 years of age, please provide the name, address, home and work telephone number of your parent or guardian)

Parent/Guardian's name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_



Volunteers over the age of 18 must complete the following. These questions are asked for the protection of our students, staff and volunteers.

Have you ever been convicted of a felony? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been convicted of a sexual offense? \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Today's date**

**For school use only:**

FBI Fingerprinting (Act 114) \_\_\_\_\_

No Clearances Required \_\_\_\_\_

PA Child Abuse Clearance (Act 151) \_\_\_\_\_

(no "direct contact" w/students as defined in AG 1001)

PA Criminal Record Clearance (Act 34) \_\_\_\_\_

TB screening results \_\_\_\_\_

Form 6004 (Act 24) \_\_\_\_\_