



Mars Area School District VOLUNTEER APPLICATION



A copy of this Volunteer Application must be kept on file at each school where the volunteer is assigned or in the Athletic Office for coaches.

Volunteer Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: ____ ZIP: _____ Cell Phone: _____
E-mail: _____

IN CASE OF EMERGENCY

Emergency Contact: _____ Phone: _____
Allergies/Medical Concerns: _____

AREA OF SERVICE

Building/department where volunteering: (check all that apply)

MAHS

MAMS

MACS

MAES

MAPC

Athletics

POSITION

Independent Volunteer — any individual who voluntarily provides services to the School District, without compensation, and who:

- (1) works under the general direction and supervision of any School District employee; and,
- (2) provides direct services to students or may, from time to time, have or may be reasonably expected to have unsupervised contact with students.

Requested Position (check all that apply):

- Homeroom Parents/Guardians
- Individuals who Volunteer at School-Affiliated Organization (SAO)-sponsored Activities within School Buildings
- Library/Classroom Volunteers
- PTO Building Volunteers
- Individuals who Help Manage, Officiate and/or Perform Functions Ancillary to an Athletic Event or Extracurricular Activity

- Volunteer Tutors
- Field Trip Chaperones
- Individuals who Volunteer to Provide Counseling and/or Health-related Services to Students.
- Other (please describe):

Volunteer Coach/Sponsor — any individual who voluntarily provides services to the School District, without compensation, and who:

- (1) works under the general direction and supervision of a coach and/or student activity sponsor employed by the District; and,
- (2) directly supervises or instructs students engaged in the activity or may, from time to time, have or be reasonably expected to have unsupervised contact with students.

Requested Position (check all that apply):

- Individuals Serving on the Coaching Staff of an Athletic Team
- Athletic Trainers and/or Equipment Managers
- Choreographers, Musicians and Other Individuals who Provide instruction to Students in Marching Band as well as School Musicals or Plays
- Other (please describe): _____

REQUIRED DOCUMENTATION

All Independent Volunteers and Volunteer Coaches/Sponsors are required to obtain and submit copies of the following clearances/reports:

- **Act 34 Criminal History Report**
- **Act 114 FBI Federal Criminal History**
- **Act 151 Child Abuse History**
- **Tuberculosis (TB) Test** (Volunteer Coaches/Sponsors ONLY)

ATTACH COPIES OF THE ABOVE CLEARANCES/REPORTS TO THIS APPLICATION

The costs of obtaining the required reports and clearances shall be the responsibility of the volunteer or any sponsoring parent-teacher organization or school-affiliated organization (SAO).

Copies of all valid clearances shall be re-submitted annually and said clearances shall be required to be renewed any time there is a break in continuous service for a period of more than one (1) school year. Independent Volunteers and Volunteer Coaches/Sponsors shall obtain and submit new certifications every sixty (60) months when providing ongoing, uninterrupted service to the District.

A volunteer will not be approved if the criminal history or child abuse reports/clearances required by this Policy evidence an offense which would preclude such individual from being employed in a Pennsylvania public school under Act 34, Act 114, or Act 151; in the event there is a conviction of the crimes enumerated in 24 Pa.C.S.A § 1-111; in the event that an individual is a registered sex offender on Megan's List; in the event that there is a conviction under the Controlled Substances, Drugs, Device, and Cosmetic Act; in the event there is a conviction for Resisting Arrest, Terrorist Threats, False Imprisonment, Arson, Contempt for Violation of Protection Order or Agreement, and related offenses, including, but not limited to, possession or dissemination of child pornography; any conviction for crimes involving domestic abuse or animal abuse; or any other offense involving moral turpitude and any other similar offenses.

SIGNATURE

By signing below, I acknowledge that the above information and attachments are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Mars Area School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex and handicap in its activities, programs or employment practices as required by Title VI, Title IX and Section 504.

For Office Use Only:

The above signed form must be forwarded to the District's Personnel Administrator to verify that all clearances have been received and are valid:

ITEM	DATE COMPLETED	NO RECORD	RECORD
Act 34 Criminal History Report			
Act 114 FBI Federal Criminal History			
Act 151 Child Abuse History			
Tuberculosis (TB) Test (Volunteer Coaches/Sponsors ONLY)			

____ Approved as Volunteer

____ Not Approved as Volunteer

____ Updated Clearances for Previously Approved Volunteer

Administrator Signature: _____ Date: _____

ARREST, CONVICTION & CHILD ABUSE REPORTING REQUIREMENTS

Independent Volunteers and Volunteer Coaches/Sponsors shall report to the Superintendent or designee, in writing, within seventy-two (72) hours, an arrest or conviction required to be reported by law or notification that the volunteer has been named as a perpetrator in a founded or indicated report pursuant to the Child Protective Services Law.

CHECK ONE:

- I have been a Pennsylvania resident for the last ten (10) years.
 I have not been a Pennsylvania resident for the last ten (10) years

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below 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.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes 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 3127	(relating to indecent exposure)
Section 2702	(relating to aggravated assault)	Section 4302	(relating to incest)
Section 2709.1	(relating to stalking)	Section 4303	(relating to concealing death of child)
Section 2901	(relating to kidnapping)	Section 4304	(relating to endangering welfare of children)
Section 2902	(relating to unlawful restraint)	Section 4305	(relating to dealing in infant children)
Section 3121	(relating to rape)	Section 5902(b)	(relating to prostitution and related offenses)
Section 3122.1	(relating to statutory sexual assault)	Section 5903(c)(d)	(relating to obscene and other sexual material and performances)
Section 3123	(relating to involuntary deviate sexual intercourse)	Section 6301	(relating to corruption of minors)
Section 3124.1	(relating to sexual assault)	Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.
Section 3125	(relating to aggravated indecent assault)		
Section 3126	(relating to indecent assault)		

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes 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.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____