

IMPORTANT NEWS!!!

PLEASE READ!!!!

Please be aware that several child protection laws were passed in Pennsylvania recently. One of the key requirements adds another layer of protection through more stringent background checks for volunteers who minister to children or students under the age of 18. *If you expect to volunteer in your child's classroom in any way, such as helping with parties or assisting on special days, you are required to have three background clearances.* I have included detailed information and instructions in this packet to help you obtain your background clearances. I would encourage you to begin the process of obtaining these clearances as soon as possible as some of them take several weeks to process. *You will not be allowed to volunteer in your child's classroom without the three clearances.* Please also be aware that obtaining all of these clearances will be at your own expense (only the FBI fingerprinting has a cost associated with it, the other two are free for volunteers). Some of you may already have obtained these three clearances in order to volunteer at another school, as a Scout leader, maybe as a foster or adoptive parent, or you may have submitted them last year at Hilltop. If you can provide **original copies of the clearances** that were received within the past five years, we are allowed to make copies of the originals and you do not need to go through this process again at this time.

**YOU WILL NOT BE ABLE TO VOLUNTEER
IN YOUR CHILD'S CLASSROOM WITHOUT
THESE THREE CLEARANCES. OBTAIN THEM
NOW SO THAT YOU ARE ABLE TO
VOLUNTEER RIGHT AWAY.**

HILLTOP
CHRISTIAN
NURSERY
SCHOOL



330 Hilltop Road
Hummelstown, PA 17036
717-533-8956
www.hcnskids.org

A Ministry of the Hershey Free Church

Dear Hilltop Volunteer,

Throughout 2014 Pennsylvania passed several new child protection laws. One of the key requirements adds another layer of protection through more stringent background checks for volunteers who minister to children or students under the age of 18. If you expect to volunteer in your child's classroom in any way, such as helping with parties or assisting on special days, you are now required to have three background clearances.

The law now requires that volunteers who minister among children and students must have State Police background checks, PA Child Abuse Childline clearances (Dept. of Human Services), and FBI fingerprinting. These clearances will be valid for five years, and the results **MUST** be obtained **BEFORE** you are able to volunteer at Hilltop. Some of the results can take a few weeks to process, so we encourage you to begin this process now in order that you can volunteer in the classroom right away. Please be aware that you will be responsible for all costs associated with obtaining the background clearances (only the FBI fingerprinting has a cost associated with it, the other two are free for volunteers).

I am enclosing the forms and instructions for you to complete. The results of the clearances will be sent to your home address. Once you've received the results, you must bring the clearances in for me to review and I will make copies of them for Hilltop's records.

If you have lived within Pennsylvania **consecutively for the past 10 years**, and you have no prohibitive arrests, you do *not* need to be fingerprinted. The Disclosure Statement Application for Volunteers form is also included in this letter. If you can affirm and sign the contents of this form, as well as have a non-family witness, you may do so and return it to me along with the State Police and Childline clearances. If you cannot affirm and sign the contents of the form, please begin the process to be fingerprinted. Step-by-step instructions are included with this letter.

Some of you may already have obtained these three clearances in order to volunteer at another school, as a Scout leader, or you may have submitted them last year at Hilltop. If you can provide **original copies of the clearances** that were received within the past five years, we are allowed to make copies of the originals and you do not need to go through this process again at this time.

We recognize this information may seem overwhelming especially via a letter. If you have any questions, or need additional help, please contact me at bchocolate@hersheyfree.com or by phone at 717-533-8956.

Thank you so much for partnering with us to keep our children safe!

Sincerely,

Becky Chocklette,
Director

**FBI Fingerprint Pre-Enrollment Instructions for Volunteers – Self-Pay
Hilltop Christian Nursery School**

1. Log on to: <https://uenroll.identogo.com/>
2. Enter service code for volunteers: **1KG6ZJ**
3. On the next screen, select “Schedule or Manage Appointment.”
4. On the “Personal Questions” screen, answer “no” to the question: “Do you have an Authorization Code (Coupon Code) that you will be using as a method of payment?”
5. On the “Required Documents” screen, most people can select “Driver’s License issued by a State or outlying possession of the U.S.” from the dropdown menu. Bring this document with you to your enrollment.
6. Schedule an appointment date, time, and location (or you may choose “walk-in”).
7. Bring a printout of the Registration Complete page with you to the fingerprinting location.
8. Forms of payment accepted are credit card or money order.

**DISCLOSURE STATEMENT
APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2**

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to Hilltop Christian Nursery School and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding five (5) years, 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 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 child)
Section 4304 (relating to endangering welfare of children)
Section 4305 (relating to dealing in infant children)
Section 5902(b) (relating to prostitution and related offenses)
Section 5903(c) (d) (relating to obscene and other sexual material and performances)
Section 6301 (relating to corruption of minors)
Section 6312 (relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

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 (5) 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 Director 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 my volunteer 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 my volunteer 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: _____

Non-Family Witness: _____ Signature: _____

Date: _____

PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
VOLUNTEER ONLY

1-888-QUERYPA (1-888-783-7972)

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

REQUESTER NAME	
ADDRESS	
CITY/STATE/ZIP CODE	
TELEPHONE NO. (AREA CODE)	

FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER

AFTER COMPLETION MAIL TO:
PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – RCPU
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEPHONE NUMBER		

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.

By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$22 fee is being waived because of my status as an unpaid volunteer.

REQUESTER SIGNATURE (*Signature required for processing*)	DATE
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WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|---|--|
| <input type="checkbox"/> Foster parent
<input type="checkbox"/> Prospective adoptive parent
<input type="checkbox"/> Employee of child care services
<input type="checkbox"/> School employee governed by the Public School Code
<input type="checkbox"/> School employee not governed by the Public School Code
<input type="checkbox"/> Self-employed provider of child-care services in a family child-care home
<input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service
<input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program
<input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children
If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:
<input type="checkbox"/> Big Brother/Big Sister and/or affiliate
<input type="checkbox"/> Domestic violence shelter and/or affiliate
<input type="checkbox"/> Rape crisis center and/or affiliate
<input type="checkbox"/> Other: _____
<input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)

<div style="display: flex; justify-content: space-between;"> <div>_____
SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div>_____
OIM/CAO PHONE NUMBER</div> </div> |
|---|--|

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

- ☐ Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (If Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)

First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS

(Please list everyone who lived with you at any time since 1975 to present.
Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)

Name (First, Middle, Last)	Relationship	Present Age	Gender
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #
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