

EPHRATA AREA SCHOOL DISTRICT
803 OAK BOULEVARD
EPHRATA, PA 17522
(717) 721-1513

VOLUNTEER DISCLOSURE FORM

Directions: Please read and complete all sections of the form.

Name (PLEASE PRINT): _____

Social Security #: _____ (For District Office Use Only)

Address: _____ State _____ Zip _____

Circle the Appropriate Response:

I am / am not a resident of the Commonwealth of Pennsylvania.

Check All that Apply:

- I swear/affirm that I have completed the PDE ACT 24 Arrest/Conviction Report and Certification Form as well as the requests for clearances to the Department of Public Welfare (Pennsylvania Child Abuse History Clearance); Pennsylvania State Police (PA State Police Request for Criminal Record Check); and Federal Bureau of Investigation at www.pa.cogentid.com (FBI Federal Criminal History Records for Prospective Employees).
- I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse or as the individual responsible for injury or abuse in a founded report for a school employee.
- I swear/affirm that I have never been arrested for or convicted of any reportable offense.

I understand that by completing the clearances and forwarding receipts to Ephrata Area School District, I can be provisionally assigned as a volunteer for 30 days pending receipt of all necessary clearances. If the completed clearances have not been received by the 30th day, I will be released from any volunteer positions at Ephrata Area School District. Upon receipt of the satisfactory clearances, I may be reinstated to my previous volunteer assignment.

- I understand that as a provisional volunteer I may participate or chaperone in school-sponsored activities while awaiting the return of my clearances only so long as I am being directly and immediately supervised by a District employee, not directly interacting with children and not volunteering for a period that exceeds 30 calendar days without such clearances.
 - I understand that I must be dismissed if I am named as a perpetrator of a founded report of child abuse or as the individual responsible for injury or abuse in a founded report for a school employee.
 - I understand that my volunteer involvement may be terminated if I have ever been convicted of any of the above crimes, have been named as the perpetrator of an indicated report of child abuse, or have been named as the individual responsible for injury or abuse of an indicated report for a school employee.
- I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903 (b) of the Crimes Code.

Signature: _____ Date: _____