

DIRECTIONS FOR VOLUNTEER CLEARANCES

This is mandatory for everyone to complete!

A copy of each of these clearances should be turned into Seton Hill Child Services, Inc.

Directions for online PA State Background Check

1. Go to <https://Uepatch.state.pa.us/Home.jsp>
2. Click New Record Check (Volunteers Only)
3. Read the Terms and Conditions for the use of Patch, when finished click the box at the bottom of the page verifying that you are using the clearance as an unpaid volunteer.
4. Click Accept
5. Complete form
 - a. For Volunteer Organization Name type Seton Hill Child Services, Inc
 - b. For Volunteer Organization Telephone Number: 724-836-0099
6. Click next
7. Verify information then click proceed
8. Complete this form with as much of your information as possible
9. Click Enter this Request
 - a. If you are completing this form for one person click finished
 - b. If you are completing this form for more than one person, enter the information for each person then click Enter this Request. When finished completing information for all persons click Finished.
10. On the next screen verify the information then click Submit. *Do not close page until site has finished processing information.
11. Click the Control # beside your name (the number should begin with an R followed by a series of numbers and is blue text).
12. On the next screen click Certification Form (in blue type at the bottom of the page).
13. If a dialogue box appears click ok
14. Print and Save your Certification Form

Directions for online Child Abuse Clearance

1. Go to: <https://www.compass.state.pa.us/cwis/public/home>
- 2 If you do not have a Keystone ID, click Create Individual Account and complete all necessary steps.
- 3 After creating an ID click Individual Login.
- 4 On the next screen click Access My Clearances
- 5 Click Continue and login
- 6 At the top of the screen click Create Clearance Application
7. Complete all necessary steps
 - a. Be sure to click that you are completing the application as a Volunteer, otherwise you will have to pay for the clearance.
 - b. Click other for Volunteer Category
 - c. Agency Name: Seton Hill Child Services, Inc
- 8 After completing form clearance will take up to 2 weeks to be returned. You should receive an email when clearance has been completed.
- 9 Once you have received the email, login in to your account
- 10 Click on your clearance, it will then open in a separate tab as a PDF
11. Please print and save the PDF.

FBI Fingerprinting

- If you have not lived in PA for 10+ years
 - o FBI Fingerprinting Background Check needs to be completed if you have not lived in Pennsylvania for the past 10 years.
 - o Please go to <https://identogo.com> and use the Service Code: 1KG6ZJ
- This process is NOT FREE to volunteers, you will have to pay for this clearance and be reimbursed.



Fingerprint Service Code Form

Service Name: DHS Volunteer

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

1KG6ZJ

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Please bring one of the identification documents from the list below to your enrollment appointment.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Canadian Driver's License
- Department of Defense Common Access Card
- Employment Authorization Card/ Document (I-766) with Photo
- Foreign Driver's License (Mexico and Canada only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coastguard Merchant Mariner Card
- U.S. Military Identification Card
- U.S. Passport
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- Uniformed Services Identification Card (Form DD-1172-2)
- Photo ID Waiver for Minors and U.S. Social Security Card or Birth Certificate



Don't have access to the Internet? You can still schedule an appointment by calling **844-321-2101**

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

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 my employer and am not required to obtain any additional FBI certifications.

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 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 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: _____

Witness: _____ Signature: _____

Date: _____