Wondering about Volunteering?

We appreciate the help of parents as they assist with school and classroom tasks, support the learning of our students and assist with chaperoning field trips. We hope to have as many adult volunteers in our schools as possible while continuing to ensure student safety.

All volunteers must obtain clearances and complete Act 126 (Recognizing and Reporting Child Abuse) before being cleared to volunteer.

**How to Obtain Clearances:** Volunteers must obtain the below clearances (the first 2 clearances and the waiver or if not eligible to sign the waiver, all 3 clearances). Links to the websites are listed below:

- **Child Abuse Clearance** – requests for clearance certifications may be made online at [https://www.compass.state.pa.us/CWIS](https://www.compass.state.pa.us/CWIS). This is the Child Welfare Portal where you must set up an account.
- **Pennsylvania State Police Reports** – This online application will provide immediate results. Be sure to click on “Certification Form” at the end of the process to reveal the actual clearance for you to print [https://epatch.state.pa.us/](https://epatch.state.pa.us/)
- **Solanco SD FBI Waiver** (see attached) or obtain **FBI Report with Fingerprints** – There will be a fee for the FBI Fingerprinting. To pre-enroll and register to be fingerprinted, go to [https://uenroll.identogo.com/](https://uenroll.identogo.com/) You will be prompted to enter a service code to register. Please use 1KG6XN

As a volunteer, there is no charge for the Child Abuse or State Police Clearance.

If you are not eligible to sign the FBI waiver and you need to obtain the FBI Clearance, the School District will reimburse you for the cost of the FBI Clearance. Please complete the Volunteer Clearance Reimbursement Form (see attached).

**How to complete Act 126 - Recognizing and Reporting Child Abuse:** This is a mandated online training course. The link for this course is listed below.

[https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_tab_group_id=91_1](https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_tab_group_id=91_1)

**Expiration Dates:**

- Clearances - must be current within the last year upon submission.
- Clearances - are valid for a period of 5 years and will need to be updated if they are beyond 5 years.
- Act 126 – if you have completed the 3 hour course elsewhere and your certificate is within the last 5 years, we will accept that. Act 126 certificates are valid for 5 years and will need to be updated if beyond 5 years.

**Additional Information:** You cannot volunteer until all clearances and Act 126 (Recognizing and Reporting Child Abuse) have been submitted and approved by your Building Principal. Questions regarding approval should be directed to your child’s Building Secretary.

**Forward your clearances to:** Your child’s Building Secretary
You may also forward to: carolyn_ward@solancosd.org
Solanco School District, 121 S. Hess Street, Quarryville, PA 17566
SOLANCO SCHOOL DISTRICT

Volunteer Request for Waiver of
FBI – Federal Criminal History Fingerprint Record Check

I declare under penalty of perjury that the following is true and correct:

- I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten year period from the date of this document:

- I have NEVER been named as the perpetrator of a founded report of child abuse:

- I have NEVER been convicted of one or more of the following types of offenses, including the attempt, solicitation or conspiracy to commit any of the following:

  a. Criminal homicide
  b. Aggravated assault
  c. Stalking
  d. Kidnapping
  e. Unlawful restraint
  f. Rape
  g. Statutory sexual assault
  h. Sexual assault
  i. Involuntary deviate sexual intercourse
  j. Aggravated indecent assault
  k. Indecent assault
  l. Indecent exposure
  m. Incest
  n. Concealing the death of a child
  o. Endangering the welfare of a child
  p. Dealing in infant children
  q. Prostitution and related offenses
  r. Crimes related to obscene/sexual materials and performances
  s. Corruption of minors
  t. Sexual abuse of children

- Within the 5-year period immediately preceding the date of this document, I have not been convicted of a felony offense under The Controlled Substance Drug Device and Cosmetic Act: AND

- I have not been convicted of an offense similar in nature to those crimes listed under paragraphs 2, 3, or 4 above 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 in Pennsylvania.

I understand that statements herein are made subject to the penalties of 18 pa. C.S. §4904 relating to unsworn falsification to authorities.

____________________________________  ____________________________
Signature       Date

____________________________________
Print Name
SOLANCO SCHOOL DISTRICT
VOLUNTEER CLEARANCE FEE REIMBURSEMENT REQUEST FORM

Individuals serving as volunteers for the school district that are not eligible to complete the FBI Waiver and need to complete the FBI Clearance with Fingerprinting, may request reimbursement for this clearance.

Please complete this form, attach your paid clearance receipt and forward the documents to the Administrative Office Receptionist:

Administrative Office Receptionist
carolyn_ward@solancosd.org
Solanco School District
121 S. Hess Street
Quarryville, PA  17566

Volunteer’s Name (Please Print): ________________________________________

Street Address: ______________________________________________________

City: ______________________State: _________Zip Code:_________________

Please enter the dollar amount of the fee paid for the FBI Clearance with Fingerprinting.

Enter the amount of fee paid    ________________________

Attach copy of printed payment receipt from online payment

Volunteer’s Signature: ______________________________________________

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

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Business Office Signature: _______________________________Date: ____________

Business Manager’s Signature: ______________________________Date: ____________