



Baldwin-Whitehall School District
4900 Curry Road
Pittsburgh, PA 15236
412-884-6300

SUBSTANTIAL CONTACT - COACH/SPONSOR VOLUNTEER APPLICATION

Type of Volunteer: Substantial Contact _____ Coach/Sponsor _____

VOLUNTEER POSITION(S) FOR WHICH YOU ARE APPLYING:

BUILDING: _____

APPLICANT'S NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

This is to certify that the information I furnished is accurate and truthful to the best of my knowledge and belief. I hereby authorize the Baldwin-Whitehall School District to investigate any or all statements I have made with the understanding that any misrepresentation may be considered cause for refusal for approval or elimination of any/all volunteer positions.

DATE _____ SIGNATURE _____

Baldwin-Whitehall School District

Office Use Only

_____ Application Complete	Approved YES _____ NO _____ If rejected provide Reason: _____
_____ Criminal History	_____
_____ Child Abuse	_____
_____ FBI	_____
_____ Tuberculosis Test	_____
_____ Act 24-Arrest & Conviction	_____
_____ ID Badge	Signature _____ Date _____

EDUCATION

	School/Institution	City/State	Years Attended	Major Area
High School	_____	_____		
Business-School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

WORK EXPERIENCE (current Employment, if applicable)

Position Title: _____

Employer's Name and Address: _____

Does your current employment place any restrictions or limitations on your availability to fulfill the basic requirements of the volunteer? Yes _____ No _____

If Yes, explain: _____

Indicate the days and hours that you would NOT be available to take part in this activity:

____ _
____ _

PERSONAL DATA

Have you ever been discharged from employment? Yes _____ No _____

If Yes, please explain. _____

Are you willing to abide by the School Board policies and administrative regulations of the Baldwin-Whitehall School District? Yes _____ No _____

EXPERIENCE IN TEACHING/COACHING

School	Address	Dates	Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What experiences have you had as a participant in this type of activity or sport? (Include dates, places, organizations or teams)

List experiences in coaching or directing student activities or sports. (Include dates, places, and responsibilities held)

ACADEMIC, PROFESSIONAL OR CHARACTER REFERENCES

	Name	Occupation/Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I authorize the Baldwin-Whitehall School District to contact all references and employers concerning my qualifications and background except as noted. Please contact me prior to contacting my current employer.

Yes ___ No _____

Signature

Date

STATEMENT

Add any statement that may help to clarify any of the answers to the foregoing questions. You may also add anything which you feel might favorably affect consideration of your application.



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Volunteers

The Board recognizes that community volunteers can make valuable contributions to the Baldwin-Whitehall School District's educational, athletic and extracurricular programs. The use of community volunteers is endorsed by the School Board of Directors, subject to legal requirements and administrative procedures. Board Policy No. 920-Volunteers, establishes policies, guidelines and procedures for all volunteers within the Baldwin-Whitehall School District.

The District defines volunteers in three categories; Limited Contact Volunteers, Substantial Contact Volunteers and Volunteer Coaches/Sponsors.

Substantial Contact Volunteers and Volunteer Coaches/Sponsors shall be approved by the Baldwin-Whitehall Board of School Directors prior to providing services to the District. The following forms must be submitted to the Human Resources Office prior to starting as a volunteer:

1. Application
2. Identification Card Screening
3. Act 114 Federal Criminal History record information from the Federal Bureau of Investigation (FBI)
4. An original Criminal History Record- Act 34 Clearance
5. An original Pennsylvania Child Abuse History clearance from the Pennsylvania Department of Child Welfare - Act 151 Clearance
6. Tuberculosis test within one year prior to Board of Education approval
7. Act 24/82 Arrest/Conviction Report and Certification File

All required criminal history reports and child abuse clearances shall be provided in the form and manner proscribed by Act 34, Act 114 and Act 151, and must not be dated more than one (1) year prior to the date of approval by the Board. The cost to procure the criminal history and child abuse reports/ clearances shall be the responsibility of the volunteer candidate. Volunteers required to obtain clearances may apply to the school district for reimbursement of the cost for clearances based on two conditions; (1) the volunteer service exceeded ten (10) days throughout the school year, or (2) a financial hardship can be established by the volunteer based upon the same criteria used to determine eligibility for free and reduced lunch status.

The tuberculosis examination can be done at no cost to the volunteer by the school nurse in accordance with the regulations of the Department of Health.

All approved substantial contact volunteers and volunteer coaches/sponsors shall be issued a District identification badge which identifies the holder as an approved substantial contact volunteer or volunteer coach/sponsor/chaperone. Substantial contact volunteers and volunteer coaches/sponsors/chaperones will be required to wear and display such identification badges at all times while providing services to the District.

The basic requirements of volunteer service should be an interest in the educational programs, enjoyment in helping children, and a sincere belief that by volunteering a contribution will be made to the learning process.

Under no circumstances should a volunteer be asked to assume the professional responsibilities of the school staff. Volunteers may provide assistance that is supportive while under the direction of a staff member or District employee. The volunteer position is not a right, but rather a privilege that is conferred by the Board and the Administration. As such, any volunteer position may be eliminated at any time without cause.

Volunteers shall meet any standards that may be established by federal, state or local government, or by the Board of School Directors or Administration. The volunteer agrees to be bound by all applicable privacy laws and regulations. In addition, the volunteer shall adhere to all rules, regulations, and administrative guidelines governing the conduct of the District's professional employees.

If you have any questions concerning these regulations, please contact the Human Resource Office at 412-884-6300 Ext. 7460



Substantial Contact Volunteers and Volunteer Coaches/Sponsors

Substantial Contact Volunteers and Volunteer Coaches/Sponsors are required to submit their original background check reports to the Baldwin-Whitehall School District.

There are three required background checks for **Substantial Contact Volunteers and Volunteer Coaches/Sponsors**:

1. **Act 34** - State Police Criminal History Record
 - Can be completed on-line at:
<https://epatch.state.pa.us/Home.jsp>
 - Reason for the request = VOLUNTEER - no cost
2. **Act 33/151** - Dept of Public Welfare Child Abuse Report
 - Can be completed on-line at:
<https://www.compass.state.pa.us/cwis/public/home>
 - Reason for the request = VOLUNTEER - no cost
3. **Act 114** - Federal Criminal History Record Information (CHRI) – FBI Fingerprint Report -
 - Must be completed on-line at:
<https://www.pa.cogentid.com/index.htm>
 - Must be submitted through the Pa Department of Education
 - Reason for the request = SCHOOL DISTRICTS – there is a fee
 - Once you have submitted your information and receive a reference number, you must complete the process by having your fingerprints done at a designated Fingerprint Location (ie: AIU Building in the Waterfront; UPS Store Oakland, etc...)

Please contact the Human Resource Department at 412.884.6300 ext.7466, if you have any questions.

ARREST/CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Other names by which you have been identified: _____

Section 2. Arrest or Conviction

- By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.
- By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

Details of Arrests or Convictions

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

Section 3. Child Abuse

- By checking this box, I state 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.
- By checking this box, I report that I have 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.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature

Date

INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having 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.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

(1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

- 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 2910 (relating to luring a child into a motor vehicle or structure)
- 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 3124.2 (relating to institutional sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 3129 (relating to sexual intercourse with animal)
- 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)
- A felony offense under section 5902(b) (relating to prostitution and related offenses)
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
- Section 6301(a)(1) (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)
- Section 6318 (relating to unlawful contact with minor)
- Section 6319 (relating to solicitation of minors to traffic drugs)
- Section 6320 (relating to sexual exploitation of children)

(2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as “The Controlled Substance, Drug, Device and Cosmetic Act.”

(3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of the United States; or

- one of its territories or possessions; or
- another state; or
- the District of Columbia; or
- the Commonwealth of Puerto Rico; or
- a foreign nation; or
- under a former law of this Commonwealth.

- **A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

(1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.

(2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.

(3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.

**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____ 20 _____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD			DATE OF BIRTH	SEX
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
Last	First	Middle		

ADDRESS

_____	_____	_____	_____	_____	_____
No. and Street	City or Post Office	Borough or Township	County	State	Zip Code

**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, and Year each immunization was given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /	2 / /	3 / /		
HIB	1 / /	2 / /	3 / /		
Varicella	1 / /	2 / /	Varicella Disease or Lab Evidence Date:		
Other: _____					

- MEDICAL EXEMPTION** The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION** (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:
Parent/Guardian notified of significant findings on _____.

Result of Diagnostic Studies: _____
Preventive Anti-Tuberculosis – Chemotherapy ordered. No Yes _____ Date

Significant Medical Conditions (√)

If Yes, Explain

	Yes	No	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination (√)

	Normal	Abnormal	Not Examined	Comments
Height (inches)				
Weight (pounds) BMI				
Pulse ()				
• Blood Pressure				
Hair/Scalp				
Skin				
Eyes/Vision				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart – Murmur, etc				
Lung – Adventitious Finding				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Presence of Scoliosis)				

Date of Examination

Signature of Examiner

PRINT Name of Examiner

Address

Telephone Number