

**Ephrata Area School District**  
803 Oak Boulevard, Ephrata, PA 17522  
(717) 721-1513

**VOLUNTEER/CHAPERONE 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 mailed 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](http://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 not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state within the preceding five (5) years.

I understand that by completing the requests for clearances and forwarding them to Ephrata Area School District, I can be provisionally assigned as a volunteer for 30 days pending receipt of all three (3) clearances. If the completed clearances have not been received by the 30<sup>th</sup> 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 must work within eyesight of a professional employee at all times.
  - I understand that I must be dismissed if I have 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 understand that I must be dismissed if I have been convicted of any of the crimes listed above within the past five years.
  - I understand that my volunteer involvement may be terminated if I have been convicted of any of the above crimes longer than five year ago, 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: \_\_\_\_\_