


First Year Volunteer

Consecutive Year Volunteer

Agency Volunteer Application

 Luzerne County Head Start, Inc. 23 Beekman Street Wilkes-Barre, PA 18702

Parent Volunteer ___ Community Volunteer ___ Student Volunteer ___

Volunteer Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Relationship to Child: _____ Primary Language: _____

Head Start Child's Name: _____ Center: _____

Family Worker: _____ Teacher: _____

Agency Represented: _____

What days and times would you like to volunteer?

Monday AM PM Tuesday AM PM Wednesday AM PM Thursday AM PM Friday AM PM

Weekends (when available)

How frequently would you like to volunteer?

Occasionally Weekly Monthly

In what way (s) would you like to volunteer? (please check all that apply)

Classroom Family Engagement Health Services Maintenance Services Nutrition Services

Previous Volunteer Experience:

Special Skills/ Abilities/ Interests

Emergency Contact Information

In the event of an emergency, whom should we contact?

Name _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Special Medical Conditions: _____

Allergies: _____

Current Medications: _____

Doctor: _____ Phone#: _____

Hospital of Choice: _____ Medical Insurance: _____

1. I verify that all information provided on this application is true and correct to the best of my knowledge.
2. By signing I authorize Head Start Staff to administer basic first aid. I authorize Head Start to obtain emergency transportation and care when required. I understand that the nearest hospital will be utilized if necessary

Print Name

Signature

Date

TB Screening Questions - FORM #2

ONLY TO BE COMPLETED IF ANY "YES" ON FORM 1

Volunteer: First Year _____ Second Year _____

Name: _____ Center _____

Previous positive TB **skin** test (PPD) : Yes _____ No _____

Previous positive TB **blood** test: Yes _____ No _____

If yes, last chest x-ray date: _____

Please indicate if you are having any of the following problems?

- Chronic cough (greater than 3 weeks) Yes _____ No _____
- Production of thick mucous from lungs Yes _____ No _____
- Blood streaked mucous Yes _____ No _____
- Unexplained weight loss Yes _____ No _____
- Unexplained fevers Yes _____ No _____
- Night Sweats Yes _____ No _____

Volunteer Signature

Date

Regional Nurse Signature

Date

Follow-up needed: Yes _____ No _____



Lynn Evans Biga
Executive Director

Luzerne County Head Start, Inc.

Building Strong Families Since 1965

CONFIDENTIALITY PLEDGE

I, _____, pledge my commitment, integrity and professionalism to handle parent, child and staff concerns in a confidential, independent, neutral and timely manner.

I recognize the confidentiality is an essential element to the effective functioning of Head Start. All information, whether gathered informally or formally, is protected and considered confidential. Accordingly, I will adhere to all policies to preserve confidentiality in every respect.

I will also consistently disclose the following information even if it is stated in an otherwise confidential communication:

1. Imminent threats of serious harm to person or property;
2. Imminent risk as it relates to suspicions of child abuse and neglect.

Signature

Date



LUZERNE COUNTY HEAD START, INC.

STANDARDS OF CONDUCT and PROFESSIONAL ETHICS

Luzerne County Head Start, Inc. is committed to operate all activities within the spirit and letter of all laws and regulations affecting its services, staff, consultants, contractors and volunteers. The provision of a code of conduct reinforces appropriate professional behavior as everyone has the duty to act in the best interest of the agency at all times and exercise the highest level of integrity, ethics and objectivity in their actions and relationships which may affect the agency. This rationale serves the 2016 Head Start Program Performance Standards, Part 1302, Subpart I - Human Resources Management, §1302.90 Personnel Policies, (c)(1-2). Therefore, Luzerne County Head Start, Inc.'s Standards of Conduct and Professional Ethics include, but is not limited to, ensuring the following:

Staff, Consultants, Contractors and Volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior;

Staff, Consultants, Contractors and Volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:

- a. Use corporal punishment;
- b. Use isolation to discipline a child;
- c. Bind or tie a child to restrict movement or tape a child's mouth;
- d. Use or withhold food as a punishment or reward;
- e. Use toilet learning/training methods that punish, demean, or humiliate a child;
- f. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
- g. Physically abuse a child;
- h. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,
- i. Use physical activity or outdoor time as a punishment or reward.

Staff, Consultants, Contractors and Volunteers are to respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition.

Staff, Consultants, Contractors and Volunteers are to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws.

Staff, Consultants, Contractors and Volunteers are to ensure no child will be left alone or unsupervised while under their care or subjected to willful neglect while under their care.

Staff, Consultants, Contractors and Volunteers are prohibited against acceptance of gifts and gratuities including money and/or eliciting contracts or services from clients, vendors, other programs or agencies for the benefit of clients or themselves. Employees are subject to termination as a result of involvement in such activity.

Staff, Consultants, Contractors and Volunteers are bound by Confidentiality to assure the protection of individual rights to privacy for children, families and employees. The individual dignity of children, families, and employees will be respected and protected at all times in accordance with law. Information about children, families, or employees must not be divulged to anyone other than persons who are authorized to receive such information and extends to both internal and external disclosure. All information whether gathered informally or formally, is protected and considered confidential and this includes medical history, family status, financial information, and other personal data.

STANDARDS OF CONDUCT and PROFESSIONAL ETHICS

Staff, Consultants, Contractors and Volunteers are mandated by law to Report Suspected Child Abuse. The Federal Register and State mandates set forth the policy governing the prevention, identification, treatment and reporting of child abuse and neglect in Head Start. Head Start agencies are required to provide comprehensive health, nutritional, educational, social and other services to children to attain their full potential and protect the children from any form of abuse or neglect.

Staff, Consultants, Contractors and Volunteers are to abide by an established chain of command. For staff, an individual employee should always go to their immediate supervisor with concerns or problems first. If further attention should be needed, the Executive Director may be consulted.

Staff, Consultants, Contractors and Volunteers are to abide by the policy regarding Nepotism and Conflict of Interest. Family members of current employees may be a valuable source of qualified applicants, however, the agency does not encourage employment of an immediate family member. No person will hold a job while he, or a member of his immediate family, serves on a board, council or committee, of the agency, if that board, council or committee, has authority to order personnel actions affecting his or her job or which, either by rule or practice, regularly nominates, or reviews candidates for the agency or program which they are employed.

Staff, Consultants, Contractors and Volunteers are prohibited from engaging in the following Political Activities: any partisan or non-partisan political activity or any other political activity associated with a candidate, or contending faction or group, in an election for public or party office; to provide voters or prospective voters with transportation to the polls or similar assistance in connection with any such election; using Head Start funds for voter registration activities; and-lobbying for purposes to influence Federal, State, or local legislation.

Staff, Consultants, Contractors and Volunteers are to hold their association with Luzerne County Head Start, Inc. in the highest importance and act in the best interest of the agency at all times. Specifically for staff, they are expected to recognize their individual job with this agency as their primary job and any outside employment may not involve a conflict of interest, or conflict with, the employee's duties and performance.

Staff, Consultants, Contractors and Volunteers are to maintain a safe work environment and be committed to the following health and safety rules and regulations: maintaining a workplace that is free from violence or threat of violence; follow all safety rules and regulations and to immediately report all injuries, unsafe conditions and practices; work in an environment free from all forms of discrimination and conduct that can be considered harassing, coercive or disruptive. Luzerne County Head Start, Inc. will not tolerate any physical, psychological or verbal harassment including sexual harassment.

Staff, Consultants, Contractors and Volunteers are expected to project a manner of Professionalism at all times and exhibit a courteous, conscientious, and generally businesslike manner in the workplace, not only as it relates to all areas addressed here previously, but also in one's own attitude, language, attendance and dependability, interactions with children and parents, dress code and agency equipment usage.

I understand and agree to the above *Standards of Conduct and Professional Ethics* and am aware that this document will be placed in my confidential file and that any breach of these standards may result in disciplinary action, up to and including termination from the program.

Print Name: _____

Signature: _____

Date: _____

Luzerne County Head Start, Inc.
Volunteer Clearance/Required Paperwork Procedure

**PENNSYLVANIA STATE RESIDENT, 18 YEARS OR OLDER, WHO HAS LIVED IN THE STATE
FOR 10 YEARS OR LONGER, CONSECUTIVELY:**

(if you have not resided in PA for at least the last 10 years, consecutively, refer to Page 2 of this document)

1. Obtain Pennsylvania Child Abuse History Clearance through the Child Welfare Portal at www.compass.state.pa.us/CWIS. You will need to have a personal email account. You will be asked to "Create Individual Account". Following the necessary steps you will create a "Keystone ID" and password. Be sure you write this down as you will need it at a later time. You will then use your Keystone ID and password to obtain a Child Abuse Clearance by clicking on the option "Create Clearance Application" in the Child Welfare Portal.

Information you will need in order to submit your application:

- Addresses where you have previously lived
- Names of all individuals with whom you have lived to include parents, guardians, siblings, spouses, etc.
- Any previous names you have used or have been known by

You will be given immediate access to your results or the status of your results if your results cannot be processed immediately. You may print these results for your application. An official copy will also be mailed to you.

2. Obtain a PA State Police Criminal Record Check via <https://epatch.state.pa.us/>. Click on the box labeled "New Record Check (Volunteers Only)". Fill in the required information. Be sure to accurately fill in the following:

- **Volunteer Organization Name:** Luzerne County Head Start
- **Volunteer Organization Telephone Number:** 570-829-6231

You will be instructed to print the clearance record once all required information is submitted and the check is complete. An official copy will be mailed to you.

3. Complete a Head Start Agency Volunteer Application.
4. Complete a Head Start TB Screening Form.
5. Complete a Head Start Confidentiality Pledge.
6. Complete a Head Start Standards of Conduct and Professional Ethics form.

Once all clearances are received and all paperwork is completed, return to your Family Worker, then complete Step 7.

7. Sign the "Disclosure Statement" for Volunteers in the presence of your Family Worker, affirming that you have been a resident of Pennsylvania consecutively for the past ten years and that you have not been named a perpetrator of a founded report of child abuse within the past five years.

You will be notified by your Family Worker/Center Manager as to when you can schedule your volunteer training at your center.

Luzerne County Head Start, Inc.
Volunteer Clearance/Required Paperwork Procedure

PENNSYLVANIA STATE RESIDENCE, 18 YEARS OR OLDER, WHO HAVE LIVED IN THE STATE LESS THAN 10 YEARS:

1. Obtain Pennsylvania Child Abuse History Clearance through the Child Welfare Portal at www.compass.state.pa.us/CWIS. You will need to have a personal email account. You will be asked to "Create Individual Account". Following the necessary steps you will create a "Keystone ID" and password. Be sure you write this down as you will need it at a later time. You will then use your Keystone ID and password to obtain a Child Abuse Clearance by clicking on the option "Create Clearance Application" in the Child Welfare Portal.

Information you will need in order to submit your application:

- Addresses where you have previously lived
- Names of all individuals with whom you have lived to include parents, guardians, siblings, spouses, etc.
- Any previous names you have used or have been known by

You will be given immediate access to your results or the status of your results if your results cannot be processed immediately. You may print these results for your application. An official copy will also be mailed to you.

2. Obtain a PA State Police Criminal Record Check via <https://epatch.state.pa.us/>. Click on the box labeled "New Record Check (Volunteers Only)". Fill in the required information. Be sure to accurately fill in the following:

- **Volunteer Organization Name:** Luzerne County Head Start
- **Volunteer Organization Telephone Number:** 570-829-6231

You will be instructed to print the clearance record once all required information is submitted and the check is complete. An official copy will be mailed to you.

3. Obtain a FBI Criminal Background Check (fingerprint background check). Please be aware - there is a reimbursable charge of \$21.35 for this background check. Head Start will reimburse you for this check **only** if your results allow you to volunteer with our agency.

STEP 1: You must register prior to visiting the fingerprinting site. You may register online at <https://uenroll.identogo.com>. When registering as a Department of Human Services (DHS) Volunteer, please use the **Service Code 1KG6ZJ**. You may also register by phone by calling 1-844-321-2101.

STEP 2: Once you provide all required information, you will be instructed to print out the registration and take it with you to a fingerprint site. Information for each location is posted on the website www.identogo.com. Please note the only two approved sites in Luzerne County:

- Luzerne Intermediate Unit 18 - 368 Tioga Ave. Kingston, PA 18704
By Appointment Only - Monday - Friday: 08:30 - 03:30 - 570-287-9681
- Identogo - 996 N Sherman Ct, Hazleton, PA 18201
By appointment only - Monday - Friday: 10:00 - 05:00 - 570-450-9933

The applicant will pay a fee of \$21.35 for the fingerprint service and to secure the Criminal History Record. Applicants will make their payment at the site where fingerprints are being taken by using a credit/debit card with applicant's name on it, a money order, or cashiers check. ****No cash or personal checks are allowed.**** The official results will be mailed to you.

4. Complete a Head Start Agency Volunteer Application.
5. Complete a Head Start TB Screening Form.
6. Complete a Head Start Confidentiality Pledge.
7. Complete a Head Start Standards of Conduct and Professional Ethics form.

Once all Head Start Forms are complete and you have obtained all 3 clearances, please submit them to your Family Worker/Center Manager. You will be notified by your Family Worker/Center Manager as to when you can schedule your volunteer training at your center.

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: _____



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**