Lock Haven University
Volunteer/Intern Policy

General

It is recognized that individuals may desire to participate as volunteers/interns in Lock Haven University activities solely for their own personal purpose or pleasure without the expectation of promise or compensation. These individuals become in no sense employees of Lock Haven University. While the use of such volunteers/interns is permissible, it should be understood that adherence to the below stated procedures is absolutely necessary in order to avoid conflicts of interest, violations of the law or labor contracts, and mismanagement of University funds or facilities.

Specific Procedures

1. All applications for volunteer/internship service must be reviewed and approved. Appropriate coordination should occur with labor organizations through the Associate Vice President of Human Resources. A copy of the approved application will be returned to the volunteer.

2. Prior to approval, all volunteers will be required to provide evidence of successful completion of a criminal background investigation, and as appropriate, verification of educational credentials.

3. No volunteer will be permitted to perform duties outlined in the Volunteer/Internship Services Application until it has been approved by the President, or his/her designee, and successful completion of background investigations and mandated reporter training.

4. The following clearances are required prior to completing volunteer assignment.

   Prospective volunteers who have resided in Pennsylvania for the last 10 years must complete the following:
   
   - Act 34, Pennsylvania Criminal Record Check [https://epatch.state.pa.us](https://epatch.state.pa.us)
   - Act 151, Child Abuse Clearance [https://www.compass.state.pa.us/CWIS](https://www.compass.state.pa.us/CWIS)
   - Mandated Reporter Training (once volunteer paperwork is received you will receive a link to the training to your registered email).
   - Prospective volunteer Form A

   Prospective volunteers who have NOT resided in Pennsylvania for the last 10 years must complete the following:
   
   - Act 34, Pennsylvania Criminal Record Check [https://epatch.state.pa.us](https://epatch.state.pa.us)
- Act 151, Child Abuse Clearance [https://www.compass.state.pa.us/CWIS](https://www.compass.state.pa.us/CWIS)

*Please Note: An applicant should select the Volunteer option when applying for clearances to avoid any charges.*

- Act 114, Apply for the FBI Federal Criminal History Record at [https://uenroll.identogo.com/](https://uenroll.identogo.com/). This link will direct you to registration for the Department of Human Services (formerly DPW).
  a. Enter the Service Code 1KG8VY
  b. Select “Schedule or Manage Appointment”.
  c. Enter all of your information - Legal Name must match exactly on all identification documents brought to enrollment.
  d. Enter Lock Haven University, 401 North Fairview Street, Lock Haven, PA 17745 for Employer Information.
  e. Enter Citizenship Information.
  f. Answer questions, choose “No” under Personal Questions where it asks if you have an Authorization Code.
  g. Enter your Personal Information.
  h. Enter your Mailing Address - this is where the FBI Clearance will be mailed to you.
  i. Enter the Document you will be taking for identification purposes.
  j. Enter SP-LOCKH for the enrollment center at LHU Public Safety or enter your zip code to find a location near home.
  k. Choose “Walk In” and then hit submit if scheduling at LHU. If selecting another location select a time/date.
  l. Enter your method of payment. (The total amount to be charged will be $19.60)

- Mandated Reporter Training (once volunteer paperwork is received you will receive a link to the training to your registered email).

- Prospective volunteer Form B

5. Any changes in the nature or extent of previously approved volunteer/internship services must be made by the appointing authority.

6. All records relating to volunteer/internship services must be maintained by the using authority for at least 6 years after the date the services end.
7. All orientation, training, and supervision of volunteers/interns will be the responsibility of the appointing authority.

Insurance for Volunteers/Interns

Lock Haven University provides limited insurance coverage for authorized volunteers/interns who are accidentally injured or become ill as a direct result of providing volunteer/internship services to Lock Haven University. This insurance is not workers compensation insurance but it is administered through Lock Haven University's worker's compensation carrier. Consequently it DOES NOT include any disability or catastrophic loss income for volunteers/interns or their survivors. Coverage is limited to MEDICAL and HOSPITAL BENEFITS ONLY and will be subject to criteria and procedures contained in the workers' compensation program administrative rules. In addition, damage or loss sustained to personal property; for example, clothing, eyeglasses, vehicles, etc., IS NOT covered.

Approved: ________________________________  Date: 09-14-2015

Dr. Michael Fiorentino, President
Lock Haven University

VOLUNTEER/INTERNSHIP SERVICES APPLICATION

Name ________________________________________________________

Address ______________________________________________________

Phone ___________________________ Email: ______________________

Emergency Address Information:

Name ________________________________________________________

Address ______________________________________________________

Phone ___________________________ Email: ______________________

Purpose of Volunteer/Internship Services:
(To be completed by volunteer/intern)

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

Expected Duration of Volunteer/Intern Services:

Dates - From ___________________ To __________________________

Hours/week/month ___________________________________________

Liability Release

_____________________________________________________________

(Participant”) hereby releases Lock Haven University (“Provider”) from any and all claims, losses, damages, or injuries sustained while participating in the __________________________ (“Activity”).

Provider does not provide any liability insurance for protection of individuals, business entities, groups, organizations, spectators, or others who may participate in the Activity. In consideration for participation in the Activity, the undersigned individual, business entity, group, organization, spectator, or other, does hereby release and forever discharge Provider, and its officers, directors, agents, and employees, jointly and severally, from any and all actions, causes of action, claims and demands for, upon or by reason of any damage, loss or injury, of any kind or nature, which
may be sustained by purpose of participating in the Activity. This release extends and applies to, and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, the images, losses and liability and the consequences thereof, as well as those now disclosed and known to exist.

Participant hereby agrees, on behalf of his or her heirs, executors, administrators, and assigns, to indemnify Provider and its officers, directors, agents and employees, jointly and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, or any kind of nature which may be sustained by participating in the Activity.

It is further understood and agreed that said participation in Activity is not to be construed as an admission of any liability and acceptance of assumption of responsibility by Provider, its officers, directors, agents and employees, jointly and severally, for all of the damages and expenses for which Provider, its officers, directors, agents and employees, become liable as a result of any alleged acts of the participant.

I swear/affirm that I have read this form, understand its contents, and have provided information that is true and correct.

Volunteer/Intern: __________________________________ Date: ______________

Background Investigation provided:

☐ Act 34, Pennsylvania Criminal Record Check

☐ Act 151, Child Abuse Clearance

☐ Act 114, Federal Bureau of Investigation Criminal Background Check
  (Note* FBI clearances are required for volunteers who have not been a continuous resident of the Commonwealth of Pennsylvania for the last 10 years)

☐ Mandated Reporter Training

I have read and agree with all statements made by the volunteer/intern and will adhere to applicable institutional procedures regarding volunteer/internship services.

Volunteer/Intern Supervisor ___________________________ Date __________

Approved Divisional Vice President ________________________ Date __________

Approved Associate Vice President of Human Resources ___________________________ Date __________

Revised 5.31.18

FOR OFFICE USE ONLY:
CARS ID# ______________ Ended: _______________
SAP# _______________ Separated: ___________