

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>
- Act 151, Child Abuse Clearance <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>
- Act 151, Child Abuse Clearance <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/> . This link will direct you to registration for the Department of Human Services (formerly DPW).
 - a. Enter the Service Code 1KG756
 - 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 \$23.85)
 - 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: Michael Fiorentino, Jr.
Dr. Michael Fiorentino, President

Date: 09-14-2015

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 _____

FOR OFFICE USE ONLY:

CARS ID# _____ Ended: _____

SAP# _____ Separated: _____



Pennsylvania's State System of Higher Education
Volunteer Exemption from FBI Background Check
(Under the Child Protective Services Law)

Please read this entire form carefully before completing it. This form is to be used by a Pennsylvania resident who serves or wants to serve as a volunteer with a program or activity associated with Pennsylvania's State System of Higher Education or one of its universities and seeks exemption from the requirement to submit a report of federal criminal history record information (FBI background check). You are still required to submit a report of criminal history record information from the Pennsylvania State Police and a certification from the Department of Human Services concerning child abuse.

Section 1. Personal Information

Name of Volunteer: _____ Date: ____/____/____

Current Address: _____

Number of Months _____ Years _____ at this Address*

**If less than 10 years, provide prior Pennsylvania addresses on a separate page.*

Volunteer Position: _____

Section 2. Instructions

Check the appropriate boxes below. Then, sign the certification under Section 3.

- By checking this box, I certify that I have been a resident of Pennsylvania for the entirety of at least the last 10 consecutive years prior to the date of this application, which is set forth above.
- By checking this box, I certify that I have not been convicted of any of the Reportable Offenses listed below.

List of Reportable Offenses

A Reportable Offense enumerated under Pennsylvania's Child Protective Services Law, 23 Pa.C.S. § 6344(c), consists of one or more of the following:

1. Provisions of Title 18 of the Pennsylvania Consolidated Statutes (relating to crimes and offenses) or an equivalent crime 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 the Commonwealth of Pennsylvania:
 - 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 a 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 relating to corruption of minors
 - Section 6312 relating to sexual abuse 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," committed within the preceding five-year period.
3. A founded report within the preceding five-year period in the statewide database maintained by the Department of Human Services.

Section 3. Certification

By signing this form, I swear and affirm under penalty of law that the statements made in this form are true, accurate, 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.

I understand that after successful completion of the criminal background clearance process, I have a continuing obligation to notify the Human Resources Department within seventy-two (72) hours after an arrest or conviction for an offense defined in the "Reportable Offense" list. If I am unsure about the applicability of my arrest or conviction as a Reportable Offense, it is my responsibility to notify the Human Resources Department for further review. I understand that failure to disclose any arrest or conviction of a "Reportable Offense" shall be considered as non-compliance, subject to disciplinary action, up to and including termination, and/or criminal prosecution, as applicable.

Volunteer's Signature

Date



**Pennsylvania's State System of Higher Education
Background Clearance Certification
for Provisional Employment or Volunteering**
(Under the Child Protective Services Law)

Please read this entire form carefully before completing it. This form is to be used by prospective volunteers who reside in another state or country and employees to meet the written certification requirement to be considered as a provisional hire or volunteer assignment. This form does not apply to volunteers who reside in Pennsylvania. In certain limited circumstances, current employees/volunteers may need to complete this form.

Section 1. Personal Information

Full Legal Name: _____ Date of Birth: ____/____/____

Any former names or aliases by which you have been identified: _____

Section 2. Instructions

If you have any question about whether to report an offense, you should report it. Failure to report may result in disqualification for employment.

List of Reportable Offenses

A Reportable Offense enumerated under Pennsylvania's Child Protective Services Law, 23 Pa.C.S. § 6344(c), consists of one or more of the following:

1. Provisions of Title 18 of the Pennsylvania Consolidated Statutes (relating to crimes and offenses) or an equivalent crime 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 the Commonwealth of Pennsylvania:

<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Section 3127 relating to indecent exposure ▪ Section 4302 relating to incest ▪ Section 4303 relating to concealing death of a 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 relating to corruption of minors ▪ Section 6312 relating to sexual abuse of children
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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," committed within the preceding five-year period.
3. A founded report of child abuse within the preceding five-year period in the statewide database maintained by the Department of Human Services.

Section 3. No Conviction

- By checking this box, I certify that I have **not** been convicted of any Reportable Offense or an offense similar in nature to a Reportable Offense 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 the Commonwealth of Pennsylvania. (See Section 2 for a list of Reportable Offenses.)

Section 4. Application for Background Checks

I certify that I have applied for the following required background clearance checks:

- A report of criminal history record from the Pennsylvania State Police (PSP) or statement from the PSP that no criminal record exists.
- Certification from the Pennsylvania Department of Human Services as to whether I am named in the statewide database as a perpetrator in a pending child abuse investigation or in a founded report or indicated report of child abuse.
- A report of federal criminal history record information. I understand that I must submit a full set of fingerprints to the PSP to obtain this report.
- I further certify that I have provided copies of the completed request forms for these background clearance checks to Pennsylvania's State System of Higher Education. (Appropriate forms may be attached to this Certification Form.)

Section 5. Certification

By signing this form, I swear and affirm under penalty of law that the statements made in this form are true, accurate, 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.

I understand that after successful completion of the criminal background clearance process, I have a continuing obligation to notify the Human Resources Department within seventy-two (72) hours after an arrest or conviction for an offense defined in the "Reportable Offense" list. If I am unsure about the applicability of my arrest or conviction as a Reportable Offense, it is my responsibility to notify the Human Resources Department for further review. I understand that failure to disclose any arrest or conviction of a "Reportable Offense" shall be considered as non-compliance, subject to disciplinary action, up to and including termination, and/or criminal prosecution, as applicable.

Signature

Date



**Pennsylvania's State System of Higher Education
Background Clearance Certification
for Transfer of Clearances from Another Volunteer Position
(Under the Child Protective Services Law)**

Please read this entire form carefully before completing it. This form is to be used by volunteers or prospective volunteers who have obtained background clearances from another volunteer agency or employer within the last five years (60 months). The Child Protective Services Law provides for the portability of clearances obtained for volunteer or employment purposes with certification from the volunteer or prospective volunteer that he/she is not disqualified from volunteering or service under the Child Protective Services Law.

Section 1. Personal Information

Full Legal Name: _____ Date of Birth: ____/____/____

Any former names or aliases by which you have been identified: _____

Section 2. Instructions

If you have any question about whether to report an offense, you should report it. Failure to report may result in disqualification for employment.

List of Reportable Offenses

A Reportable Offense enumerated under Pennsylvania's Child Protective Services Law, 23 Pa.C.S. § 6344(c), consists of one or more of the following:

4. Provisions of Title 18 of the Pennsylvania Consolidated Statutes (relating to crimes and offenses) or an equivalent crime 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 the Commonwealth of Pennsylvania:
 - 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 a 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 relating to corruption of minors
 - Section 6312 relating to sexual abuse of children
5. 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," committed within the preceding five-year period.
6. A founded report of child abuse within the preceding five-year period in the statewide database maintained by the Department of Human Services.

Section 3. No Conviction

- By checking this box, I certify that I have **not** been convicted of any Reportable Offense or an offense similar in nature to a Reportable Offense 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 the Commonwealth of Pennsylvania. (See Section 2 for a list of Reportable Offenses.)

Section 4. Application for Background Checks

- By checking this box, I certify that I have provided copies of the required background clearance checks that were obtained for my previous employer or volunteer agency within the last five years (60 months).

Section 5. Certification

By signing this form, I swear and affirm under penalty of law that the statements made in this form are true, accurate, 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.

I understand that after successful completion of the criminal background clearance process, I have a continuing obligation to notify the Human Resources Department within seventy-two (72) hours after an arrest or conviction for an offense defined in the "Reportable Offense" list. If I am unsure about the applicability of my arrest or conviction as a Reportable Offense, it is my responsibility to notify the Human Resources Department for further review. I understand that failure to disclose any arrest or conviction of a "Reportable Offense" shall be considered as non-compliance, subject to disciplinary action, up to and including termination, and/or criminal prosecution, as applicable.

Signature

Date



**Pennsylvania's State System of Higher Education
Background Clearance Certification
for Transfer of Clearances from Another Employer**
(Under the Child Protective Services Law)

Please read this entire form carefully before completing it. This form is to be used by employees or prospective employees who have obtained background clearances from another employer within the last five years (60 months). The Child Protective Services Law provides for the portability of clearances obtained for employment purposes with certification from the employee or prospective employee that he/she is not disqualified from employment or service under the Child Protective Services Law.

Section 1. Personal Information

Full Legal Name: _____ Date of Birth: ____/____/____

Any former names or aliases by which you have been identified: _____

Section 2. Instructions

If you have any question about whether to report an offense, you should report it. Failure to report may result in disqualification for employment.

List of Reportable Offenses

A Reportable Offense enumerated under Pennsylvania's Child Protective Services Law, 23 Pa.C.S. § 6344(c), consists of one or more of the following:

7. Provisions of Title 18 of the Pennsylvania Consolidated Statutes (relating to crimes and offenses) or an equivalent crime 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 the Commonwealth of Pennsylvania:
 - Chapter 25 relating to criminal homicide
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 - Section 3125 relating to aggravated indecent assault
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 - Section 5903(c) or (d) relating to obscene and other sexual materials and performances
 - Section 6301 relating to corruption of minors
 - Section 6312 relating to sexual abuse of children
8. 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," committed within the preceding five-year period.
9. A founded report of child abuse within the preceding five-year period in the statewide database maintained by the Department of Human Services.

Section 3. No Conviction

- By checking this box, I certify that I have **not** been convicted of any Reportable Offense or an offense similar in nature to a Reportable Offense 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 the Commonwealth of Pennsylvania. (See Section 2 for a list of Reportable Offenses.)

Section 4. Application for Background Checks

- By checking this box, I certify that I have provided copies of the required background clearance checks that were obtained by my previous employer within the last five years (60 months).

Section 5. Certification

By signing this form, I swear and affirm under penalty of law that the statements made in this form are true, accurate, 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.

I understand that after successful completion of the criminal background clearance process, I have a continuing obligation to notify the Human Resources Department within seventy-two (72) hours after an arrest or conviction for an offense defined in the "Reportable Offense" list. If I am unsure about the applicability of my arrest or conviction as a Reportable Offense, it is my responsibility to notify the Human Resources Department for further review. I understand that failure to disclose any arrest or conviction of a "Reportable Offense" shall be considered as non-compliance, subject to disciplinary action, up to and including termination, and/or criminal prosecution, as applicable.

Signature

Date