

**Family Engagement  
2018-2019 School Year**



Dear Logos Family:

Family partnerships are a foundational part of the success of Logos Academy. It is through these partnerships that we are able to educate our students with excellence. We rely on each family's investment to ensure that what we teach during the school day is valued and reinforced at home. Logos Academy could not be successful without the help of our families. Research shows that students perform better (academically and behaviorally) in school if their fathers as well as their mothers are involved, regardless of whether the father lives with the student or not. We are asking each Logos family to complete ten (10) hours of engagement.

Please select the option below that best suits your family and complete the pages associated with the option you selected. Thank you!

Option A: **(Complete all pages;** return to front desk in person. Do not send to school with student in order maintain confidentiality and identity protection.)

I plan to volunteer during regular school hours including field trips, and I will have direct contact with children (under 18 years of age.) I understand that I am required to complete this Family Engagement packet and submit the clearances as outlined. (Applications will only be accepted by the Front Desk when all documents are complete and all clearances attached.) You will be required to sign in/out and wear a Volunteer ID badge whenever volunteering.

Option B: **(Complete pages 1-3;** return to front desk)

I plan to volunteer (office, outside, or after school hours) and will **NOT** have contact with children under 18 years of age. See clarification (page 2) for volunteering and observing distinction.

Option C: **(Complete pages 1-2;** return to front desk)

I **do not** plan to volunteer. I plan to be engaged and attend chapel, Moms and Muffins, Dads and Donuts and/or one or two classroom parties this school year. (Option C does not allow parents to chaperone field trips.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

# Family Engagement Registration Form

Date \_\_\_\_\_ Name \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Street Home Phone

City State Zip Code Cell Phone

Email Address \_\_\_\_\_

**List the ways you would like to be engaged at Logos:** (chaperone field trips, classroom volunteer, lunch monitor, recess monitor, crossing guard, after school study hall proctor, classroom reader, assist with reading groups, tutoring in math, reading or writing and specify grade level, standardized test proctor, spanish class volunteer, event setup/teardown, janitorial support, groundskeeping, attend chapel, attend classroom events, attend Moms and Muffins and Dads and Donuts \*\*lunch with your student, \*\*classroom observation, office support as needed) **\*bold** requires **full clearances**, \*\*requires a reservation

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Days and Times Available: \_\_\_\_\_

If you have original FBI, State Police, and Child Abuse Clearances as a volunteer or employee and the clearances are less than five years old, then you can use them to volunteer at Logos Academy. Please attach a copy.

## Volunteer Agreement

I understand that I enter this Volunteer Program of my own free will, to serve without pay, understanding that I am not an employee or agent of Logos Academy and therefore I am not covered by any of its insurance programs or policies.

I further agree to conduct myself in a professional manner, to promote the education and interest of the students and the reputation of Logos Academy.

I understand and acknowledge that I am a mandated reporter with the meaning of the Child Protective Services Law. I understand that I am required by law to report instances of suspected child abuse. I have reviewed and understand District Policy 806, Child/Student Abuse, and materials found on the website [KeepKidSafe.pa.gov](http://www.keepkidssafe.pa.gov) I also understand that free online training is available from the Child Welfare Resource Center at [http://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabaction?tab\\_tab\\_group\\_id=49\\_1](http://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabaction?tab_tab_group_id=49_1).

I understand Logos Academy has strongly encouraged me to complete this training. I acknowledge and agree that I will comply with Policy 806 and immediately report suspected child abuse as required by law.

I also understand that any personal arrest or conviction must be reported to Logos Academy immediately using the enclosed ARREST/CONVICTION REPORT AND CERTIFICATION FORM (PAGE 7), in accordance with Act 24 and Act 82 of 2012.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Checklist of Needed Items to be completed (Give all paperwork to front desk)

- Family Engagement Registration Form Completed (page 1)
- Volunteer Agreement signed (page 2)
- Volunteer Emergency Contact Form Completed (page 3)
- Disclosure statement signed and witness signed OR FBI criminal history clearance obtained and attached (pages 4-7)
- PA State Police Criminal Record Check Obtained and attached
- PA Child Abuse History Clearance Obtained and attached

## Volunteer Emergency Contact Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Primary Emergency Contact

Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Secondary Emergency Contact

Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Other Information

Allergies (Food, Insects, Etc.) \_\_\_\_\_

\_\_\_\_\_

Any other personal data you feel we should know in the event of a medical emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Logos Academy Clearance Process for Volunteers

### Instructions

All volunteers must obtain a Child Abuse Clearance, Pennsylvania Criminal Clearance and an FBI Federal Criminal History Clearance prior to volunteering at Logos Academy. If you have current clearances that are less than 1 year old we will accept them. If your clearances are over 1 year we require new clearances.

Following are the instructions for obtaining the three required clearances: **PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY AS THE PROCESS HAS CHANGED FOR THE FBI AND STATE CLEARANCES AS OF 1/1/2018.**

#### **1) State Police Criminal Record Check ( ACT 24-PA)**

- A. Go to <https://epatch.state.pa.us> This clearance is free for volunteers.
- B. Verification will be obtained immediately. Follow these directions carefully. After you receive your control number, you need to check status by inputting that number, your name, and date record was obtained. After you click **“Search”**, a new box comes up with search results. Click on the blue control number and a new window opens for **“Record Check Details.”** Above the **“Back”** button towards the bottom is **“Certification Form”** in blue. Click on **“Certification Form”** and the actual certificate comes up. **Print this certificate.**
- C. Volunteers MUST provide Logos with the original certificate.

#### **2) Child Abuse History Clearance (Act 151-PA)**

- A. Go to <https://www.compass.state.pa.us/cwis> (create an account)
- B. After creating your account, you will receive an email with your password in order to log into the website and complete the clearance application.
- C. Please be sure to select the appropriate type of clearance for educational institutions (School District.)
- D. This clearance is free for volunteers. Verification can take up to 14 days; and volunteers can choose to receive notification via email, or mail to their home address or both.
- E. Once received, volunteers must provide Logos with the original clearance form.

Please Note: if you have lived in Pennsylvania 10 years or longer, you do not need to complete the FBI Federal Criminal History Clearance. You may complete the **“Disclosure Statement”** found on pages 8 and 9 of this registration form in place of the FBI check. **Please have someone sign as a witness who can verify that you have lived in that location for 10 years.** However, if you have a record on either of the other two clearances, you will need to obtain the FBI record as well.

#### **3.) FBI Federal Criminal History Clearance:**

- A. Applicants must register online <https://www.identogo.com/locations/pennsylvania> and click on **“digital fingerprinting”**. Enter code **1KG756**. Click on **“schedule an appointment.”** Fill out the following screen with your contact information.  
There is a fee of \$24.50 for the fingerprint clearance. Credit/debit card may be used online. If you can't pay online then you will pay when you get fingerprinted. (Please note: cash or personal checks will not be accepted.)
- B. Applicants should either print out the registration confirmation number; or, if they do not have access to a printer, record the number in a safe place.
- C. Once registered, call the York Learning Center to schedule a time to be fingerprinted. Their phone number is 717-718-5801. Walk ins are not recommended due to the length of your wait time.
- D. Applicants must provide proof of identity upon arrival at the Fingerprint Center (state issued driver's license, state I.D. card, passport, etc.).
- E. After being fingerprinted, applicants must provide Logos Academy with a copy of the receipt which contains the UE ID number and the TCN number. Logos Academy will then obtain the original clearance via the website. When your clearance has been processed, you will receive an email from Identogo with results. **DO NOT OPEN THIS**

**EMAIL UNLESS YOU CAN PRINT YOUR RESULTS. YOU HAVE ONLY ONE CHANCE TO ACCESS YOUR RECORD.**

IdentoGO Center  
441 S LongName Blvd  
CityName, ST 10111

**IdentoGO**

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Date: 02/07/2015@11:15 AM  
Customer: JOHN S. SMITH  
UE ID: U11F-193H9F  
TCN: 00114987534

119B91 - Enrollment Service	\$39.95
Subtotal:	\$49.95
Tax	1.24
Credit Card Service Fee:	0.52
Total:	\$51.71

Auth Code \$10.00  
CARD (1111) \$41.71  
Auth Number: 123ABC

Amount Paid: \$51.71

I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

*John Hancock*  
Signature

Check the status of your service at:  
<http://uenroll.identogo.com>

## **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 Logos Academy 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 of 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 Service, 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 for 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.

Check the one that applies:

I have been a resident of Pennsylvania during the entirety of the previous ten-year period and I affirm that I have not been convicted of any crime, in another state, similar to the convictions disqualifying a person in Pennsylvania. Therefore, I am not required to submit an FBI Fingerprint Background Check.

I have NOT been a resident of Pennsylvania during the entirety of the previous ten-year period, and therefore understand that I am required to submit an FBI Fingerprint Record Check.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_