



Dear Parents/Guardians/Grandparents/Caring Relatives,

We would like to continue having you be a part of our classroom/school and help make our school year a big success. There will be a training (approximately 30 minutes to an hour) sometime in September or October for those who are new to the program. You will also be required to obtain your clearances and complete a mandated reporter training online. If you have already completed all of these requirements, please fill out this form so we know you are still interested. If you have extra time and the desire, your help would be greatly appreciated. Please complete this form and return it to school with your child. We look forward to hearing from you. You will be contacted by the school with further information.

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

Child's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Thank you for your support! Please return to homeroom teacher as soon as possible. Your offer of help is appreciated and we will be in touch.

To: Interested Parent Volunteers

From: Amanda Stepenaskie

In order to volunteer in the school, you must complete the following (if checked you have completed):

- o Attend a parent volunteer training (can be one on one with Mrs. Stepenaskie) and complete forms
- o Complete a mandated reporter training online and turn in certificate which can be completed at <http://www.reportabusepa.pitt.edu>.

**The three background checks below can be found at**

<http://www.dhs.state.pa.us/findaform/childabusehistoryclearanceforms/>

- o State Police Criminal Record Check
- o Child Abuse History Clearances
- o A signed disclaimer (I have this form.) affirming no charges in others states that would prohibit selection as a volunteer in place of the fingerprinting if you have been a resident of PA continuously for the past 10 years. If you have lived elsewhere in the past 10 years then fingerprinting must also be done.
- o Act 24/Act 82 Arrest Conviction Report and Certification Form (I have this form.)
- o Act 168 Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release (I have this form.)

I will send the forms that I have to you as needed. If you have any questions, please either e-mail me at [stepenaskiea@mca.k12.pa.us](mailto:stepenaskiea@mca.k12.pa.us) or call me at 570-339-1500 ext. 3105. Please put any documents you get to me in an envelope with my name on it. Thank you in advance for your willingness to help at the school.