



# SPRING GARDEN TOWNSHIP

ADMINISTRATION • 340 TRI HILL ROAD, SUITE A  
YORK, PA 17403-5709  
PHONE NUMBER: 717.848.2858

## Volunteer Packet Checklist

To ensure your application is received and processed promptly, please email all paperwork to [recreation@sgtwp.org](mailto:recreation@sgtwp.org) or drop it off at the Township Administrative building during business hours (M-Th 7:30a.m.-4 p.m, F 7:30am-1pm.).  
Call 717-828-9938 if you have questions or need additional assistance.

### **VolunteerPacketIncludes:**

Volunteer Application  
Disclosure Statement for Volunteers

**In addition to the application and forms listed above, volunteers must obtain and submit the following clearances.**

Clearances are obtained and paid for by volunteers. Clearances obtained within the last five years will be accepted.

- PA State Police Criminal Background Check – No Cost
  - Select “New Volunteer Record Check” and follow the instructions on the website.
  - Print a copy of the certification form to submit with your application.
  
- Pennsylvania Child Abuse History Clearance (required when working with children – No Cost)
  - Clearance may take up to 14 days to receive.
  - Print a copy of the clearance to submit with your application
  
- FBI Fingerprints (Federal Criminal History) – Fee Charged
  - If you have lived in PA for more than 10 years, you are exempt from this clearance but must complete the appropriate area on the Disclosure Statement for Volunteers.
  - If you have NOT lived in PA for more than 10 years, you are required to obtain this clearance.
  - Visit the Commonwealth of Pennsylvania website for answers to frequently asked questions or to learn more about the process.
  - The Department of Human Services (DHS) Volunteer fingerprinting code is: 1KG6ZJ



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## Volunteer Application

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**(M-Th 7:30a.m.-4 p.m, F 7:30am-1pm.).**

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

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Area/Program of Interest for Volunteering:** \_\_\_\_\_

### Volunteer Agreement

I agree 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 Spring Garden Township.

I agree that as a volunteer I am a mandated reporter within the meaning of the Child Protective Services Law and acknowledge I am required by law to report instances of suspected child abuse. I am aware that the Township strongly encourages its volunteers complete the free online training available from the Child Welfare Resource Center.

**Your signature (including electronic signature) verifies you will adhere to the terms and conditions of the Volunteer Agreement as outlined above.**

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

Program Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Disclosure Statement for Volunteers

Required by the Child Protective Service Law when FBI Fingerprint/Federal Criminal History is not being submitted. Refer to 23 Pa. C.S. Section 6344.2 relating to volunteers having contact with children.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_

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:

I have been a resident of Pennsylvania for more than 10 years. If necessary I will provide copies of established residency during the entirety of the previous ten-year period.

I swear/affirm that I am seeking a volunteer position and **WILL BE** required to obtain a certification through the Federal Bureau of Investigation (FBI) as:

I have been a Pennsylvania resident less than 10 years (fingerprints required)  
I am NOT currently a Pennsylvania resident (fingerprints required) - IdentoGo UEID# \_\_\_\_\_

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 approval of volunteers 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.

I understand that if I willfully fail to disclose information required above or as listed in the Arrest/Convictions form, I commit a misdemeanor pursuant to Section 4903 of the Crimes Code 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.

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