



the power of independence

Developmental & Disability Services of Lebanon Valley
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www.ddslebanon.org

Jason Schibinger
President

Andrea Dawson
Vice President

Rick Heisey
Secretary

Kristen Watts
Treasurer

Colleen L. Christian
Executive Director

2019

Dear Camp Buddy,

I hope you are having a good year. It is hard to believe that summer will soon be here. With thoughts of summer come memories of the DDS Summer Stars Day Camp.

First of all, I would like to thank you for your interest in serving as a volunteer for the Summer Stars Day Camp. Buddies are the reason the camps are so successful. It is our hope that you will be able to volunteer some of your time for this summer's camp session. Our campers greatly enjoy your participation.

Enclosed is the 2019 Volunteer Buddy Packet. Please take a moment to look over the information and complete the application. Prior to volunteering, you will receive confirmation of your volunteer hours. In addition, you will be asked to participate in a Buddy orientation. If you require paperwork to be completed by DDS staff, we ask that the paperwork be completed at the end of your volunteer service.

I look forward to seeing you this summer. Don't hesitate to give me a call if you have any questions or if you would like to discuss anything. I can be reached at 717-274-3493.

Sincerely,


Jessica Penchard

VP Public Relations & Development

**DDS Summer Stars Day Camp
Buddy Program**

NAME _____

2019 DAY CAMP PROGRAM- Check all dates you would like to volunteer

<u>Camp 1</u>	<u>Camp 2</u>	<u>Camp 3</u>	<u>Camp 4</u>
June 25-28 9am -3pm	July 8- 11 9am-3pm	July 15-18 9am- 3pm	July 22-25 9am-3pm
___ Tues. 25	___ Mon. 8	___ Mon. 15	___ Mon. 22
___ Wed. 26	___ Tues. 9	___ Tues. 16	___ Tues. 23
___ Thurs. 27	___ Wed. 10	___ Wed. 17	___ Wed. 24
___ Fri. 28	___ Thurs. 11	___ Thurs. 18	___ Thurs. 25

Please check the box if you would be willing to volunteer another day or week
to ensure that we have adequate volunteer coverage for each week



Developmental & Disability Services of Lebanon Valley
Volunteer Application

Date: _____

PERSONAL

Check if over 18 years of age _____
If under 18, how old are you? _____

*Full Name _____ *Home Phone No. _____
*Home Address _____ *City _____ *State _____ *Zip _____
*Emergency Contact Person _____ Contact Relationship _____
*Emergency Contact Phone No. (Day) _____ (Evening) _____
*Most Recent Employer _____ Position Held _____
*Employer Address _____ *City _____ *State _____ *Zip _____

VOLUNTEER INTERESTS & AVAILABILITY

*What Volunteer Opportunity Interests You _____
*What Days Are You Available _____
*What Hours Are You Available _____
*Why Do You Want to Volunteer at DDS _____

PREVIOUS VOLUNTEER POSITIONS

*Organization _____ Phone No. _____
*Address _____ *City _____ *State _____ *Zip _____
* Period of Service _____

*Organization _____ Phone No. _____
*Address _____ *City _____ *State _____ *Zip _____
* Period of Service _____

REFERENCES

Name _____ Address _____

Phone Number _____ How Long Have You Know Each Other _____

Name _____ Address _____

Phone Number _____ How Long Have You Know Each Other _____

YES NO I authorize my name and/or photograph taken at DDS activities to be used in public relations releases. Please list the name you want used in any news release:

In October 2014, Governor Corbett signed PA Act 153 of 2014 into law. This legislation is designed to increase the safety of children by requiring specific background checks and child abuse clearances for all volunteers and employees who are responsible for children. This law impacts all organizations who serve youth and also includes strengthened mandatory reporting requirements for adult volunteers and employees. Act 153 was amended effective July 1, 2015 by the passing of PA Act 15 of 2015.

ALL VOLUNTEERS MUST READ AND SIGN THE ATTACHED DISCLOSURE STATEMENT

VOLUNTEERS OVER THE AGE OF 18:

All volunteers working with children and over the age of 18 must obtain the following clearances to volunteer for Developmental & Disability Services of Lebanon Valley:

1. Report of criminal history from the Pennsylvania State Police (PSP).
2. Child Abuse History Clearance from the Department of Human Services (Child Abuse).
3. Fingerprint based federal criminal history (FBI) submitted through the Pennsylvania State Police or its authorized agent.

o **Not required if:**

- The position the volunteer is applying for is unpaid; and
- The volunteer has been a Pennsylvania resident continuously for the past 10 years.
Volunteers who are not required to obtain the FBI Clearance because they are applying for an unpaid position and have been a continuous resident of Pennsylvania for the past 10 years must swear or affirm in writing that they are not disqualified from service based upon a conviction of an offense.

How do I get my clearances?

Clearances may be obtained by using the following links; please indicate that you are requesting the clearance to volunteer for Developmental & Disability Services of Lebanon Valley. When finished, an original copy of the provided certificate must be submitted to Developmental & Disability Services of Lebanon Valley along with your application. ***Clearances must be obtained prior to volunteering and working with children.***

PA State Police criminal history (\$0.00 for Volunteers)

- o Online: <https://epatch.state.pa.us/Home.jsp>

2. PA Department of Human Services clearance (\$0.00 for Volunteers)

- o Online: <https://www.compass.state.pa.us/cwis/public/home>

3. Finger print FBI criminal history – (volunteers not living in Pennsylvania for the entire 10 prior years) (\$25.75 to be paid by the volunteer)

1. Step 1: Pre-registration is required online at https://www.pa.cogentid.com/index_dpwNew.htm

2. Step 2: After registering online, visit a registered 3M Cogent Fingerprint site.

1. In Lebanon, volunteers may go to the following sites:

- 1. DB Fisher Tours- Lebanon
- 2. Lebanon Family Health
- 3. IU-13 at One Cumberland St., Lebanon, PA

Volunteers may carry clearances from one organization to another provided that clearances are no older than 60 months. Clearances obtained for employment purposes may be used for volunteering.

- o I have read and signed the attached Disclosure Statement
- o I have read and signed the attached HIPPA Confidentiality Agreement

SIGNATURE:

DATE:

If under 16, parent or guardian signature is required.

SIGNATURE:

DATE:

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 my employer 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 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.

- 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. 2 11/3/15 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 Services, 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 or 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.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____

DEVELOPMENTAL & DISABILITY SERVICES OF LEBANON VALLEY, Inc.

Confidentiality Agreement

I. I acknowledge that during the course of performing my assigned duties at Developmental & Disability Services (DDS) of Lebanon Valley I may have access to, use, or disclose confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after my service and commit to the following obligations:

A. I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties

B. I will request, obtain or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties

C. I will take reasonable care to properly secure confidential health information and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.

II. I understand that as a volunteer of a DDS of Lebanon Valley, a human service agency dedicated to the training and education of individuals with intellectual and physical delays, disclosure of client information is governed by the rules and regulations established under HIPAA, the Health Insurance Portability and Accountability Act of 1996, and related policies and procedures DDS) of Lebanon Valley. Therefore, with regard to patient information, I commit to the following additional obligations:

A. I will use and disclose confidential health information solely in accordance with the federal and agency policies set forth above or elsewhere.

B. I will immediately report any unauthorized use or disclosure of confidential health information that I become aware of to the appropriate supervisor.

III. I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of volunteer service.

Volunteer Signature: _____

Volunteer Printed Name: _____

Date: _____

Volunteer Supervisor: _____

Witness Signature: _____

Witness Signature Date: _____