

# Volunteer Request Form

## Volunteer

A volunteer is defined as any individual, including students, who provides a program, activity, or service to Shippensburg University without compensation. This includes unpaid club sports advisors and coach volunteers.

## Part 1 - Volunteer Information - To Be Completed by the Volunteer

This information is necessary to enter you into our data system. Please print clearly.

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip County

Phone: \_\_\_\_\_  
Home/Cell/Work Personal Email

Emergency Contact Person

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

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

Address (street): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please answer the following:**

This position is unpaid.

Yes No

I have been a resident of Pennsylvania during the entirety of the past ten-year period.

Yes No

Have you previously been a volunteer on campus?

Yes No

## Part 2 - Accesses Requested -To Be Completed by Requesting Department

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

Start Date: \_\_\_\_\_ (Anticipated) End Date: \_\_\_\_\_

\* End date can be extended, please notify Human Resources

Access Needed:

University ID

Parking Tag

Key(s)/Access

SAP - Finance/Accounting

SAP - HR

Active Directory/University Login

University E-mail

Blackboard Transaction System

Banner

Other: \_\_\_\_\_

Job Description/Services Rendered: \_\_\_\_\_

Justification for IT Access: \_\_\_\_\_

IT Department Access Approval: \_\_\_\_\_

**Part 3 - Request/Approval - To be completed by the Requesting Department and Approving Supervisors**

Requesting Supervisor: \_\_\_\_\_  
Print Signature Date

Department Head: \_\_\_\_\_  
Print Signature Date

Dean (if applicable): \_\_\_\_\_  
Print Signature Date

Vice President: \_\_\_\_\_  
Print Signature Date

**Departments please note:** Shippensburg University Office of Human Resources is not responsible for ordering background clearances for volunteers. Departments are responsible for communicating clearance requirements to volunteers and ensuring that clearance reports are submitted to the Office of Human Resources **prior to the volunteer's start date.**

All departments will need to submit the following three authorization forms to the Office of Human Resources: 1) Volunteer request form, 2) Confidentiality form, and 3) FBI Fingerprint Questionnaire. \*Failure to complete or provide copies of the required background clearances prior to start date will result in system access removal.

The Requesting Supervisor is responsible for notifying Human Resources at the conclusion of this assignment, or when access is no longer needed.

**Part 4 - To Be Completed by the Office of Human Resources**

Person Verifying Background Check: \_\_\_\_\_  
Signature Date

PA State Police: \_\_\_\_\_  
Child Abuse: \_\_\_\_\_  
FBI: \_\_\_\_\_

\* FBI clearance is needed if:  
1) Access is needed; and/or  
2) They have not lived in PA for the past 10 years

Entered in SAP: \_\_\_\_\_  
Date

Separated from SAP: \_\_\_\_\_  
Date

By: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Signature

## Information Release Authorization

I, \_\_\_\_\_, hereby authorize any educational institution, any past or present employer (including any branch of the armed services), any local, state, or federal government agency (including any laws enforcement or security agencies) to release to Shippensburg University through its authorized representative(s) bearing this authorization, all information concerning me.

I voluntarily agree to this investigation of my background with the knowledge and understanding that whatever information is obtained is for the official use of Shippensburg University and will not be released to any other parties.

I further understand any information obtained during such investigation may only be used to determine my fitness, competence, and ability for the purpose of volunteering at Shippensburg University.

I release Shippensburg University from any liability which may result from making this investigation. Furthermore, I hereby forever release anyone who has knowledge or information concerning my employment history and criminal history from any claims or demands from liability or damages for disclosure of true and accurate information provided by this investigation. This authorization shall supersede and countername any prior request or authorizations to the contrary.

I further authorize the use of photocopies of this authorization and agree to provide copies of search results if they are sent directly to me.

*Please print the following information clearly.*

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home/Cell/Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Department/Assignment: \_\_\_\_\_

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



**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 ten 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 ten 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:
 

<ul style="list-style-type: none"> <li>▪ Chapter 25 relating to criminal homicide</li> <li>▪ Section 2702 relating to aggravated assault</li> <li>▪ Section 2709.1 relating to stalking</li> <li>▪ Section 2901 relating to kidnapping</li> <li>▪ Section 2902 relating to unlawful restraint</li> <li>▪ Section 3121 relating to rape</li> <li>▪ Section 3122.1 relating to statutory sexual assault</li> <li>▪ Section 3123 relating to involuntary deviate sexual intercourse</li> <li>▪ Section 3124.1 relating to sexual assault</li> <li>▪ Section 3125 relating to aggravated indecent assault</li> <li>▪ Section 3126 relating to indecent assault</li> </ul>	<ul style="list-style-type: none"> <li>▪ Section 3127 relating to indecent exposure</li> <li>▪ Section 4302 relating to incest</li> <li>▪ Section 4303 relating to concealing death of a child</li> <li>▪ Section 4304 relating to endangering welfare of children</li> <li>▪ Section 4305 relating to dealing in infant children</li> <li>▪ A felony offense under Section 5902(b) relating to prostitution and related offenses</li> <li>▪ Section 5903(c) or (d) relating to obscene and other sexual materials and performances</li> <li>▪ Section 6301 relating to corruption of minors</li> <li>▪ Section 6312 relating to sexual abuse of children</li> </ul>
---	--

- 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.*

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

## Confidentiality Statement

As an employee/student employee/graduate assistant/volunteer/contractor of Shippensburg University of Pennsylvania, I understand that I may have access to confidential, personal data and/or records of University employees, students, customers and other related constituents. I agree that I will access, use, discuss, release and/or divulge only the data that is needed to perform my job. I understand that I am prohibited from accessing, using, discussing, releasing and/or divulging this data unless doing so is a requirement of my job.

I further understand that unauthorized disclosure of confidential information and records applies to all information on the University computing/networking systems, all printed information, as well as formal and informal verbal conversations.

I understand that any release of this information will be done only through authorized protocols. Breaches in confidentiality of such data may result in disciplinary action up to and including separation from employment and in the case of student employees and graduate assistants, possible University judicial action. A violation of this agreement also may result in legal action if it is determined that any local, state, or federal laws have been violated.

I have reviewed this statement and understand that if I have questions, or would like to discuss this responsibility with a representative of the University I can make that request by contacting the Human Resources office at 717-477-1124 or [hr@ship.edu](mailto:hr@ship.edu).

By my signature below, I certify that I have read, understand, and agree to abide by the provisions of this statement.

Name (print) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date