



# VOLUNTEER APPLICATION & RELEASE

Rock Run Animal Rescue

P.O. Box 272 Newville, PA 17241

www.rockrunanimalrescue.org

### Contact Information:

Volunteer Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

### Animal Experience:

Number of years working with animals:

Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Horses \_\_\_\_\_

\*Leading/Grooming horses \_\_\_\_\_ \*Training horses \_\_\_\_\_

\*Stall cleaning \_\_\_\_\_ \*Full care/maintenance of a horse \_\_\_\_\_

### Which areas would you enjoy participating in MOST? (No Experience necessary):

Barn chores \_\_\_\_\_ Fundraising events \_\_\_\_\_ RRAR booths at fairs/shows \_\_\_\_\_

Distributing materials \_\_\_\_\_ Office help \_\_\_\_\_ Animal care \_\_\_\_\_ Which animals \_\_\_\_\_

### Availability to Volunteer:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_ As Needed \_\_\_\_\_

Times Available: \_\_\_\_\_ Hours per visit: \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING:

**These questions are being asked for the protection of our staff, volunteers, and animals.**

Have you ever been convicted of a felony? \_\_\_\_\_

Have you ever been convicted of a sexual offense? \_\_\_\_\_

Have you ever been convicted of animal cruelty? \_\_\_\_\_

**MUST CONTAIN ORIGINAL SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_



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## RELEASE (Must contain original signature)

This form must be completed and submitted for EVERY participant (ie: any individual who knowingly participates in a Rock Run Animal Rescue (RRAR) activity on or off RRAR property, including barn/farm labor, educational/fundraising activities, and any other activity at a location sponsored by RRAR) at before engaging in any RRAR related activity. It is the participant's responsibility to ensure that all information is complete and accurate, and to notify RRAR in the event of any changes.

Participant's signature: \_\_\_\_\_

## EMERGENCY INFORMATION

**Please notify the following individual(s) immediately in the event of a medical emergency:**

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

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

Home/work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have special medical conditions, medications, or allergies that staff or emergency personnel should be aware of?

No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, please list:

## PHOTO RELEASE

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ consent to and authorize the use and reproduction by Rock Run Animal Rescue, Inc. of any photographs and any other audio/visual materials taken of me/my child/ward for promotional material, educational activities, exhibitions, or for any other use for the benefit of RRAR.

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



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### Rock Run Animal Rescue Volunteer Clearances

As you may be aware, legislation was enacted which requires volunteers to obtain clearances in order to assist with certain activities where contact with children may occur. Once clearances are obtained, they are good for five (5) years.

The three following volunteer clearances are required for volunteers:

1. PA Child Abuse Clearance
2. PA Criminal Background Clearance
3. FBI Fingerprinting Clearance (OR Disclosure Statement)

- 1. PA Child Abuse Clearance** – Go to the Child Welfare Self-Service Portal at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) and click “Create a New Account” to obtain your child abuse clearance. Follow the instructions to apply for the clearance. There should be no charge for this, if you apply as a volunteer. You will receive the report via email. You should print the results. Retain the original for your records and provide a copy to RRAR.
- 2. PA Criminal Background Clearance** – Go to the PA State Police web site at <https://epatch.state.pa.us> and click “Submit a New Record Check” to obtain your criminal background check. Follow the instructions to apply for the clearance. There should be no charge for this, if you apply as a volunteer. You will receive your report immediately if no record is found in the PA State Police database; however, it could take several weeks to receive the results if there is anything on your record. You should print the certificate results. Retain the original for your records and provide a copy to RRAR.
- 3. FBI Fingerprinting Clearance** – Have you lived in PA for the last 10 years? \* **Volunteers who have lived in PA for the last 10 years** may submit an FBI Volunteer Clearance affidavit in lieu of the FBI Clearance. Please retain a copy of your affidavit and submit the original to RRAR.

\***Volunteers who have NOT lived in PA for the last 10 years** must provide an FBI Fingerprinting Clearance. To obtain the FBI Fingerprinting Clearance, you must register *prior* to going to a fingerprint site. Go to <https://uenroll.identogo.com> to register for your fingerprinting clearance. Once you have completed the online registration process, you will visit the finger printing location (you selected during registration) to complete the process and pay the appropriate fee. You will receive your results via email or mail (whichever method you chose during registration). Please retain the original for your records and provide a copy to RRAR



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### 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.



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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 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: \_\_\_\_\_