

# East Manchester Township

5080 North Sherman Street Ext.

Mount Wolf, PA 17347

Phone: 717-266-4279 | Fax: 717-266-0429

## PARK VOLUNTEER APPLICATION

Date of Application: \_\_\_\_\_

### Volunteer Information

\_\_\_\_\_  
Name of Volunteer

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Home Address

Availability for volunteer work (please check all that apply):

Available year round/as needed

Seasonal (Summer, etc.): \_\_\_\_\_

Specific dates: \_\_\_\_\_

Times/Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

\_\_\_\_\_  
What park(s) would you like to volunteer in?

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Preferred volunteer activities/tasks (maintenance, clean-up, specific event, etc.)

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Skills/experience pertinent to volunteering in East Manchester Township parks

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Physical Limitations

**Emergency Contact Information**

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Name of Emergency Contact

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Relationship to Volunteer

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Phone Number

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E-mail Address

**Parent/Guardian Information (if Volunteer is under the age of 18)**

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Name

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Relationship to Volunteer

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Phone Number

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E-mail Address

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Home Address

**VOLUNTEERS MUST SUBMIT THE REQUIRED TOWNSHIP BACKGROUND FORM  
AND COMPLETE A WAIVER/RELEASE FORM**

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## **Required Background Checks for Park Volunteers**

Volunteers who have direct contact with or are responsible for the welfare of children at any of the parks in East Manchester Township must submit the following items:

- **Volunteers who have lived in PA continuously for 10 years:**
  - Pennsylvania Criminal Background Check (through the PA State Police)
  - Pennsylvania Child Abuse History Clearance (through the PA Department of Human Services)
  - Disclosure form attesting that the Volunteer is not disqualified from service pursuant to 23 Pa.C.S.A. §§ 6344.2 and 6344(c)
  
- **Volunteers who have lived in PA for less than 10 years:**
  - Pennsylvania Criminal Background Check (through the PA State Police)
  - Pennsylvania Child Abuse History Clearance (through the PA Department of Human Services)
  
  - Federal Bureau of Investigation Fingerprint Clearance

The above-referenced disclosure form is included with this volunteer packet, and the required background checks may be obtained online as follows:

- A Pennsylvania Criminal Background Check through the PA State Police can be obtained at no cost online at <https://epatch.state.pa.us/Home.jsp> with results available within a few minutes

- A PA Child Abuse History Clearance through the Pennsylvania Department of Human Services can be obtained at no cost online at <https://www.compass.state.pa.us/CWIS>.
- For a Federal Bureau of Investigation Fingerprint Clearance, please visit <https://www.identogo.com/locations/pennsylvania> to schedule an appointment and pay for the background check. The cost of the fingerprinting process is approximately \$25.00, and this is at the expense of the volunteer.

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## **DISCLOSURE STATEMENT FOR VOLUNTEERS**

Required by Sections 6344.2 and 6344(c) the Child Protective Services Law  
(relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and AM NOT required to obtain a clearance through the Federal Bureau of Investigation, 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 the township 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 statues 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, including:

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709 (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.

I swear/affirm that I have not 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 Township Manager 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 clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by East Manchester Township.

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 East Manchester Township is required to maintain a copy of my clearances.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

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.

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Name of Volunteer

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Signature

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Name of Witness

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Signature

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Date

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## **Release, Waiver, and Hold Harmless Agreement for Volunteers**

In consideration for the opportunity to serve as a volunteer in East Manchester Township, I, \_\_\_\_\_ (Volunteer), hereby agree to the following:

1. **Assumption of Risk.** I understand that my service as a volunteer could create risk to my health and/or safety. I understand and acknowledge that my service as a volunteer is purely voluntary, and that I can decline to serve as a volunteer or to engage in volunteer duties if I feel the role or duties presents a risk to my health or safety or for any other reason. I also understand that I must advise East Manchester Township of any conditions that would preclude me from serving as a volunteer.

Acknowledging the foregoing, I hereby expressly assume all risks and dangers involved with or which may arise out of my service as a volunteer, including, but not limited to, the foreseen or unforeseen risks involved with the volunteer work, the negligent and/or willful and wanton acts of others, the criminal and or intentional acts of others, including, but not limited to, abuse of any kind, property loss, property damage, bodily injury, and personal injury, including, but not limited to, death, disease, illness, infection, paralysis, broken bones, strains, sprains, cuts, abrasions, bruises, drowning, concussion, heart attack, heat exhaustion, heat stroke, hypothermia, dehydration, allergic reactions, or mental anguish. I further expressly assume all risks and dangers that may arise out of my service as a volunteer resulting from the omission of an act of another, a defect or condition of premises, a defect in any vehicles or equipment, or the unavailability of emergency medical care.

2. **Release of Liability.** I, for myself, and for my legal representatives, spouse, heirs, and assigns, hereby release and covenant not to sue East Manchester



Township, its officers, elected officials, agents, or employees, and insurers (hereinafter "Released Parties") for any and all claims arising out of or are in any way related to my service as a volunteer. This release applies, without limitation, to liability for bodily injury, personal injury, disease, illness, infection, death, property loss, and/or property damage.

3. Waiver of Claims. In addition to the foregoing, I hereby waive the protection afforded by any statute/law in any jurisdiction which provides that a general release shall not extend to claims that I may not be aware of. This means, in part, that I am waiving unknown future claims for myself.
4. Indemnification and Hold Harmless. I agree to indemnify, defend, save, and hold harmless the Released Parties from and against any and all claims, demands, liabilities, actions, causes of action, judgments, awards, settlements, damages, losses, obligations, penalties, fines, interest, costs, and/or expenses, including attorneys' fees and court costs, arising out of or in any way related to my service as a volunteer, including, but not limited to, those based on bodily injury, personal injury, disease, illness, infection, death, property loss, or property damage, whether or not caused by the negligence or fault of the Released Parties.
5. Insurance. I understand that the Released Parties do not assume any responsibility for or obligation to provide or maintain any financial assistance or benefits to me, including, but not limited to, health, medical, disability, workers' compensation, or other insurance coverage. I understand that my own insurance will be used as coverage for any illnesses and injuries, and that I am ultimately responsible for all costs incurred.
6. Interpretation and Severability. I expressly agree that the Release, Waiver, and Hold Harmless Agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania, and it shall be governed by and interpreted in accordance with such laws. I agree that in the event that any clause or provision of this Release, Waiver, and Hold Harmless Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of which shall continue to be enforceable.

I HAVE READ THIS FORM AND FULLY UNDERSTAND THAT BY SIGNING IT, I AM GIVING UP ALL LEGAL RIGHTS AND/OR REMEDIES WHICH MAY BE AVAILABLE TO ME FOR PERSONAL INJURY, WRONGFUL DEATH, OR PROPERTY DAMAGE/LOSS ARISING OUT OF, OR IN CONNECTION WITH, MY VOLUNTEER ACTIVITIES WITH EAST MANCHESTER TOWNSHIP.

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(Participant must be 18 years or older. Otherwise, a parent/guardian signature is required.)

I AFFIRM THAT I AM THE PARENT/GUARDIAN OF THE ABOVE-NAMED VOLUNTEER. I HAVE READ THIS FORM AND FULLY UNDERSTAND THAT I AM GIVING UP ALL LEGAL RIGHTS AND/OR REMEDIES WHICH MAY BE AVAILABLE TO THE VOLUNTEER FOR PERSONAL INJURY, WRONGFUL DEATH, OR PROPERTY DAMAGE/LOSS ARISING OUT OF, OR IN CONNECTION WITH, MY CHILD'S VOLUNTEER ACTIVITIES WITH EAST MANCHESTER TOWNSHIP.

Parent/Guardian Sig.: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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