



Dear Volunteer,

I want to thank you for your willingness to be one of our school volunteers. The Volunteers In Partnership (VIP) Program has expanded, and the booklet clearly describes all the ways parents, friends and families can help MCCS throughout the year. Without our VIPs, the school would not be able to have so many great programs. You are a vital piece to our success!

This packet includes the volunteer application & reference forms, the agreement to support school policy and procedures, some guidelines about safety, discipline & dress code, and a description of the clearances that may be required for your service area. As a general rule, *any volunteer who will in direct contact with students while acting as an MCCS volunteer MUST complete and return to the school all attached paperwork and provide MCCS with a physician's statement of negative results of a TB test at least one week prior to his/her VIP service at MCCS.* We regret the need to screen our volunteers, however, we want to do all that we can to protect our students. I'm sure you can respect this policy.

Following is a checklist of the forms you need to complete. We hope everything can be done quickly. This is a "once and done" process. If you have any questions concerning this process, please call the school.

- _____ Volunteer Application
- _____ Volunteer Reference (2)
- _____ Statement to Adhere to School Policy & Procedures
- _____ PA State Police Criminal Record Check (done at school's expense)
- _____ TB Test (done at volunteer's expense)

Again, my sincere gratitude for your attitude of service. You will also serve as a role model as we ***Mold Children for Christ's Service.***

In His Service,

Jared Griest

Jared M. Griest
Director of Advancement



VIP Program

Volunteer Guidelines

Below you will find some guidelines that we hope will help you better understand how you can best minister at MCCS. Please be sure to share your questions or concerns with the staff/faculty member with whom you will be working. You may also contact Mr. Howard with your concerns. We want your service to be a good experience for you and for the students.

- **Dress Code:**
 - Please remember that volunteers should abide by the school dress code while helping at school. Ladies may wear slacks. No jeans unless doing work specifically outside. Split skirts and shorts are not acceptable in most circumstances.
 - Kitchen volunteers may wear slacks or split skirts.

- **Health & Safety:**
 - Please wear rubber gloves supplied by MCCS when handling any body fluids or waste.
 - Be sure to report any health or safety concerns to the classroom teacher or responsible staff member.

- **Student Discipline:**
 - Do not tolerate a fresh mouth, misbehavior or other forms of disobedience and disrespect. After telling the student your concerns, report your observations to the classroom teacher or responsible staff member.
 - Since the teacher is responsible for correcting the student, after you have shared your concern with the teacher, please do not talk with other people about a student or particular incident.



VIP Program
Volunteer Application

Name:	Address:	Phone Numbers: (home) (work) (cell)
What schooling, training or experience qualifies you to help students at MCCS?	Please share any special talents or interests you are willing to share with our school.	Have you ever been convicted of a crime other than a traffic violation? Please explain if yes.
Reference Name: Address: Phone: How associated with you?	Reference Name: Address: Phone: How associated with you?	

*Enclosed is a form for each of your references to complete and mail back to the school. **Prior** to giving them the forms, you need to check one of the boxes at the bottom.*

Thank you for wanting to be a VIP!



VIP Program
Volunteer Reference

_____ has offered to serve as a volunteer at Mount Calvary Christian School. The applicant has offered to work with students from pre-kindergarten to twelfth grade. Please answer the following questions and return this form in the enclosed stamped envelope. If you have any questions, contact the school at 367-1649. Thank you for your cooperation!

1. How long have you known the applicant? _____
2. How have you been personally involved with the applicant? (friend, family, coworker, etc.) _____
3. Do you feel this person would do well with working with students? _____
4. Would you trust the applicant to spend time alone with your child? _____
5. Please circle the word in each group that best describes the applicant. If you would like to add a more accurate word, please use the blank space to the right.

Cheerful	Moody	
Discreet	Talebearer	
Dependable	Unreliable	
Shows initiative	Unmotivated	
Thinks before acting	Impulsive	
Respectful of authority	Challenges authority	
Flexible	Unyielding	
Punctual	Often late	
Enjoys children	Tolerates children	

-- Please continue to the next page --

6. Please use the following space to indicate anything else that may be important for us to know about the applicant and his/her possible involvement with the staff and students at MCCS. _____

Thank you for taking the time to complete this form. Kindly mail it back to MCCS in the stamped envelope.

Your evaluation will be kept on file for the applicant and will not need to be completed again.

Evaluator's Name: _____

Date: _____

TO BE COMPLETED BY VOLUNTEER APPLICANT PRIOR TO GIVING THIS FORM TO THE PERSONAL REFERENCE

- I have given Mount Calvary Christian School permission to request a reference from you. I do not waive my right to inspect this reference.

Volunteer's Signature: _____

Date: _____

- I have given Mount Calvary Christian School permission to request a reference from you. I do waive my right to inspect this reference.

Volunteer's Signature: _____

Date: _____



VIP Program
Volunteer Reference

_____ has offered to serve as a volunteer at Mount Calvary Christian School. The applicant has offered to work with students from pre-kindergarten to twelfth grade. Please answer the following questions and return this form in the enclosed stamped envelope. If you have any questions, contact the school at 367-1649. Thank you for your cooperation!

- 7. How long have you known the applicant? _____
- 8. How have you been personally involved with the applicant? (friend, family, coworker, etc.) _____
- 9. Do you feel this person would do well with working with students? _____
- 10. Would you trust the applicant to spend time alone with your child? _____
- 11. Please circle the word in each group that best describes the applicant. If you would like to add a more accurate word, please use the blank space to the right.

Cheerful	Moody	
Discreet	Talebearer	
Dependable	Unreliable	
Shows initiative	Unmotivated	
Thinks before acting	Impulsive	
Respectful of authority	Challenges authority	
Flexible	Unyielding	
Punctual	Often late	
Enjoys children	Tolerates children	

-- Please continue to the next page --

12. Please use the following space to indicate anything else that may be important for us to know about the applicant and his/her possible involvement with the staff and students at MCCS. _____

Thank you for taking the time to complete this form. Kindly mail it back to MCCS in the stamped envelope.

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Date: _____

TO BE COMPLETED BY VOLUNTEER APPLICANT PRIOR TO GIVING THIS FORM TO THE PERSONAL REFERENCE

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Volunteer's Signature: _____

Date: _____

I have given Mount Calvary Christian School permission to request a reference from you. I do waive my right to inspect this reference.

Volunteer's Signature: _____

Date: _____



VIP Program
**Agreement to Support School
Policy & Procedures**

Volunteer Name: _____

As a volunteer at Mount Calvary Christian School, I agree to abide by the school's policies, procedures and dress code. For activities at the school, I will wear clothing that corresponds with the stated dress code found in the student handbook. When activities are off campus, I will wear clothing that has been identified as the approved field trip dress code.

Signature: _____

Date: _____

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

**FOR MCCS
VOLUNTEERS**

NO FEE

**PLEASE COMPLETE
AND RETURN
TO MCCS**

THANK YOU

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

NAME/ REQUESTER	MOUNT CALVARY CHRISTIAN SCHOOL
ADDRESS	629 HOLLY STREET
CITY/STATE/ ZIP CODE	ELIZABETHTOWN, PA 17022

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

7	1	7	-	3	6	7	-	1	6	4	9
---	---	---	---	---	---	---	---	---	---	---	---

NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
		SEX
		RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests \$10.00
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

- | | | |
|---|---|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC) | <input type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT |
| <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> FOSTER CARE | <input type="checkbox"/> PRIVATE INVESTIGATIONS |
| <input type="checkbox"/> BANKING | <input type="checkbox"/> HEALTHCARE | <input type="checkbox"/> SOCIAL SERVICES |
| <input type="checkbox"/> BAR ASSOCIATION | <input type="checkbox"/> HOUSING | <input type="checkbox"/> TENANT CHECK |
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> INSURANCE LICENSE | <input type="checkbox"/> VISA |
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> NURSE AID TRAINING | <input checked="" type="checkbox"/> VOLUNTEER |
| <input type="checkbox"/> ELDER CARE | <input type="checkbox"/> OTHER _____ | |
| <input type="checkbox"/> EMERGENCY MANAGEMENT | | |

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.