

VOLUNTEER GUIDELINES

Thank you for your interest in becoming a volunteer for The Joshua Group! Volunteers make a valuable contribution by committing time and energy to helping students succeed. Your efforts and the efforts of our other volunteers help to make our program exceptional.

VOLUNTEER REQUIREMENTS

1. Clearances: All volunteers must have their PA Child Abuse, PA Criminal History Check (PATCH), and Federal Criminal History (fingerprinting) completed and submitted to the Volunteer Coordinator prior to volunteering.

- [Criminal History Record Check](#). Please be sure to mark “volunteer” on the home page to avoid the fee.
- [Child Abuse History Clearance](#). You will need to create a login and password in order to proceed if this is your first time on this site. Check the box for “create individual account” to proceed. Once you create your account you will need to login with this information to continue the process. You may also download and print a PDF file ([available here](#)) and mail with a \$13 money order.
- These clearances are free for volunteers.
- [Federal Criminal History \(Act 114 FBI Criminal History \(Fingerprint\)\) through the Department of Education](#).
 - If you are applying for an unpaid position and have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous 10 years, then you must swear or affirm in writing that you are not disqualified from service based upon a conviction of an offense under 6344. If this applies to you, then you may complete and submit this [Affirmation](#).
 - If you have been a resident of the Commonwealth of Pennsylvania for less than 10 years, you must:
 - Preregister to have your fingerprints taken at a IDEMIA/Identogo location at <https://uenroll.identogo.com/>.
 - Enter the service code for the Department of Ed.: 1KG6V5
 - When you enroll, you are given the opportunity to schedule an appointment at a [local fingerprinting site](#).
 - Candidates will need to select an appropriate identification document as a part of their registration and must bring it with them to the site when they are fingerprinted.

2. Entering/Leaving Building: Anyone entering the building must sign in and out. Please document all volunteer hours by recording your hours in the sign in/sign out book.



VOLUNTEER TIPS

To ensure the most productive and positive experience for center volunteers, please follow these helpful tips:

1. Set up a preliminary meeting with the Volunteer Coordinator and Educational Support Coordinator to discuss scheduling and duties.
2. When working with individuals or groups of students, be positive and energetic.
3. Communicate with the Volunteer Coordinator and/or Educational Support Coordinator to receive direction about how you can best support students in the learning environment.
4. Never discuss any child's performance or behavior.
5. Teachers and room leaders are responsible for communicating with parents/guardians. If you have an issue or concern, please discuss it with the teacher/room leader.
6. Call the center in advance if you need to cancel your volunteer time on a particular day or email the Volunteer Coordinator and Education Support Coordinator directly.

VOLUNTEER EXPECTATIONS

Cell Phone Usage: If you are comfortable, please feel free to exchange cell phone numbers with the Volunteer Coordinator and Educational Support Coordinator. Please place your cell phone on vibrate mode when volunteering at the center as cell phone ring tones and conversations are disruptive to the learning environment.

Confidentiality: All volunteers, no matter what job they perform, have an obligation to keep in confidence all information that pertains to the students and staff they assist. Information regarding students, staff, and other volunteers is not to be discussed with anyone who is not entitled to such information.

Student Concerns: Volunteers are responsible for understanding and using the specific approach demonstrated by the teacher/staff so that the students are engaged with consistency. All redirection is to be conducted by teachers and room leaders. If you feel that a student may benefit from redirection, make a referral to the teacher room leader in charge.

Child abuse shall be defined as any mistreatment or neglect of a child by an adult resulting in serious injury or harm to the child. Any volunteer who suspects child abuse should notify the student's teacher or room leader. If the teacher is not available, contact the Educational Support Coordinator. It shall be their responsibility to determine whether child abuse is suspected as per the State Code and whether a report will be made.



IMPORTANT INFORMATION

Joshua Center

- 1459 Market Street, Harrisburg, PA 17103
- Center Phone Number: 717-972-0129
- To enter the building, please walk up the curved concrete steps and ring the bell on the left side of the main doors.

People to Know:

- Volunteer Coordinator: Mr. Thomas Penn
- Educational Support Coordinator: Miss Emily Hand
- Executive Director: Ms. Jeannetta Politis

School Procedures to Know:

- Fire Drill: Exit the nearest outside door that is not blocked.
- Masking: The Joshua Center is a mask mandatory campus.
- Food Allergies: The Joshua Center is a peanut free campus.
- Parking: Volunteers may utilize free street parking on Market Street.



The Joshua Group Application/Checklist for Volunteers

Please use this application to complete the process to become a volunteer at the Joshua Group. All items must be complete before submitting them to the Volunteer Coordinator.

Volunteer Guidelines

I have received, read, and understood the Volunteer Guidelines. I agree to follow the policies and procedures outlined in this document. By signing and returning this form, I acknowledge that I agree and will comply with the guidelines set forth by The Joshua Group. I also understand that my volunteer services are terminable at will, whether by myself or The Joshua Group.

Volunteer Name (Print)	Signature	Date
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_____ Act 34 PA State Police Criminal Check Clearance (attach a copy)

_____ Act 151 PA Child Abuse History Certification (attach a copy)

_____ Act 114 FBI Fingerprinting Criminal History Check (attach a copy if required)

_____ Volunteer Affidavit (complete if Act 114 is not required and sign & attach)



Volunteer Application Form

Name: _____ Home phone: _____

Address: _____ Mobile phone: _____

Email Address: _____

Are you a:

Community Member

Grandparent

Parent/ Guardian

Retired Educator

College Student Majoring in Education

Other _____

Emergency Contact Information for the Volunteer

Emergency Contact: _____

Relationship: _____ Contact #: _____

Special Health Problems/Allergies/or medications we should know about:

Physician Preference: _____ Contact: _____

Hospital Preference: _____

If I require emergency treatment requiring ambulance services and/or medical care, you have my permission to seek help as listed above or nearest hospital available. I will assume responsibility for fees incurred by such an emergency (via medical insurance if applicable).

Signature: _____ Date: _____