

Haverford Township Parks & Recreation

Instructions for *volunteers* completing background checks

1. Pa State Police and Child Abuse Clearance – Follow the link below and fill out the required information.

***Please note: This is a two-step process. Once you have completed the clearances in their entirety, you can use them for 5 years.**

- Follow this link: <https://opportunities.averity.com/haverfordtownrec>
- Fill out your information. You will be asked the purpose of your background check and you will select 'volunteer'.
- Once you press 'Release My Application', **you are NOT finished**.
- You will receive an email from Marsha Smegal (check your junk/spam mail if you haven't received an email within 48 hours)
- Follow the link included in the email. You will have to 'create individual account'.
- You create your own Keystone ID and fill out the rest of your information. Once completed, Averity will send you another email with your temporary password. Use that password to log in to your 'individual login'.
- Click "Access Clearances" and on the following page click 'Continue'.
- Click 'Create Clearance Application'
- Fill out all required information. When prompted to state your purpose, select the option that starts 'Individual 14 years of age or older who is Applying...'
- On the final page, it will ask you if your organization provided you with a code. Use the code highlighted in yellow on Marsha Smegal's email.
- **If you are under 18**, you also need to fill out the **Disclosure Statement** (see page 2-3) and return it to Jamie McCloskey via email (Jmccloskey@havtwp.org) or mail (9000 Parkview Dr. Haverford, Pa 19041).
- If you have any questions about completing this, contact Jamie McCloskey.

2. FBI Criminal History clearance – This requires fingerprinting

- To complete this clearance, you need to register online. You will find the online form by following this link: <https://uenroll.identogo.com/>
- Enter **1KG756** into the service code box and press 'GO'.
- Press 'Schedule or Manage Appointment'.
- Enter your personal information.
 - Employer information
Haverford Township Parks & Recreation
1014 Darby Rd.
Havertown, Pa 19083
 - Documents
Select the document you plan to bring with you to get fingerprinted.
- Select location and press 'submit'.
 - Haverford and Bryn Mawr offices take walk-ins if there are no appointment times available.
- Please note – you must bring the following items with you to your appointment:
 - An authorized method of payment
 - The form of identification that you chose

Once you receive your clearances in the mail, you should make a copy and submit them to Haverford Recreation.

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with Haverford Recreation, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc., (“Protect Youth Sports”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For info about Protect Youth Sports’ privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Residents of Minnesota and Oklahoma only:

Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization.

- I wish to receive a copy of any consumer report on me that is requested.

Residents of New York only:

Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect Youth Sports directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.

- I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

Residents of Washington State only:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act’s disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect Youth Sports directly.

Residents of California and Maine only:

Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization.

- I wish to receive a copy of any report on me that is requested.

Signature

Today's Date

Signature of Parent/Guardian if Subject is Under 18

Today's Date

LAST _____ FIRST _____ MI _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN

D/L or STATE ID #

STATE ISSUED

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____

Protect Youth Sports, Inc.
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www.protectyouthsports.com