



160 East Erie Avenue
Philadelphia, PA 19134-1095
Tel: (215) 427-5000

Dear Applicant:

Thank you for your interest in St. Christopher's Hospital for Children. Please review the information below that lists the prerequisites for participating in activities at the hospital. NOTE: All steps must be completed and required documentation received before you begin the requested activity.

1. Please access the appropriate application and information sheets by clicking on the links located on the volunteering page of the St. Christopher's website: <https://towerhealth.org/locations/st-christophers-hospital-children/volunteering>
2. Make note of the criteria and information required for your activity of interest.
3. Complete required steps and gather all required documentation.
4. Please send completed volunteer application forms to:

Email: STCVolunteer@towerhealth.org (Please put your name and "Volunteer Application" in the subject line.)

Mail: Volunteers Department St. Christopher's Hospital for Children 160 East Erie Avenue Philadelphia, PA 19134-1095

5. For questions or assistance with the application process, please contact Dina Melchiorre Volunteer Services at (215) 427-5467.

When all required information and documentation has been submitted, a representative from Volunteer Services will contact you to discuss next steps.

Thank you for your interest.

VOLUNTEER ONBOARDING PROCESS

INFORMATION SHEET

A volunteer is defined as anyone who provides a service without pay for personal gratification and not required for academic purposes, contractual agreement, or monetary gain.

On-boarding of volunteers will be handled by the Department of Volunteer Services. The point of contact is Dina Melchiorre, Director of Volunteer Services, at 302-427-5467.

Initiation of on-boarding process:

- Interested applicants who contact Volunteer Services Department expressing interest in volunteering will be directed to the St. Christopher's Hospital for Children's website for completion of application packet:

<https://towerhealth.org/locations/st-christophers-hospital-children/volunteering>

- Completed application packet is returned to Volunteer Services Department (Department Director and/or designee) for review of required documents.

Application and onboarding may take a minimum of 3-4 weeks to complete.

- Application
- Consent documentation for "serving without pay" (minors, ages 15-17)
- Application Agreement
- Personal Statement of Intent
- Skill Bank
- Parental Release Form (minors, ages 15-17)
- Authorization for Release of Medical Information
- Tuberculin (TB) Test Consent Form
- Pre-Volunteer Drug Testing Consent Form
- Volunteer Services Staff will review the steps required to obtain Criminal Background Check, Child Abuse Clearance, and FBI Fingerprinting as part of the application process.

VOLUNTEER ONBOARDING PROCESS

INFORMATION SHEET

Required documents:

- Must provide current immunization records or documentation of having immunity for the following infectious diseases: Measles, Mumps, Rubella, Varicella (Chicken Pox), Hepatitis B, Tetanus, Diphtheria, proof of 2 Step PPD (Tuberculosis) testing or QuantiFERON during the past three months, Influenza vaccine during the present Flu season (September through April), and COVID-19. Documentation of immunity will expedite the process.
- The following background checks are required as part of the application process: Pennsylvania Access to Criminal History (PATCH), Child Abuse Clearance, and FBI Fingerprinting. Instructions for the background checks are attached. St. Christopher's Hospital will also conduct any background checks required by Tower Health.

Links to Criminal background checks:

Child Abuse Clearance for inquiries/information: www.compass.state.pa.us/cwis/public/home

Pennsylvania Access to Criminal History (PATCH): <https://epatch.pa.gov/home>

FBI Finger Printing for inquiries/information: <http://uenroll.identogo.com> Service Code: 1KG738

- Complete Reference Forms: 1 personal and 1 professional

Adult Volunteers and Students (minors, ages 15-17):

- Consent documentation for "serving without pay"
- Parental Release Form
- Letter of Reference from School for student applicants
- Completed application packet should be returned to Volunteer Services Department for processing and on-boarding process. Volunteer Services will evaluate the completion of the submitted application packet. Volunteer applicant will be notified by staff member of Volunteer Services Department if there are any files with missing documentation
- Volunteer Services will schedule an interview with applicant
- Volunteer Services will work with partner departments in the development of the volunteer service descriptions for assigned volunteers
- Volunteer Services approved applicants will then be scheduled by Volunteer Staff for appointment with Employee Health for drug screening and physical
- Volunteer Services will schedule volunteer applicant for Hospital orientation
- Volunteer services will communicate days, hours, and start date with all volunteer applicants
- Volunteer Services will issue a security badge to only be used onsite during approved hours

VOLUNTEER ON-BOARDING PROCESS

INFORMATION SHEET

Termination Process:

- Volunteer Services Director or designee will collect hospital I.D. badge from volunteer on their last day and maintain in archive file
- Volunteer Services Director or designee will notify security of termination of volunteer status
- Volunteer Services Director or designee will notify Human Resources of termination of any volunteer who has had computer or system access and will follow the employment termination process

VOLUNTEER APPLICANT

Categories Include:

Adult Volunteer
Student Volunteer
Pet Therapy Volunteer
Shadowing

Summary of Necessary Application Steps:

- Complete application packet
- Criminal Background Check, Child Abuse Clearance, and FBI Fingerprinting as part of the application process. Instructions are attached.
- Provide current immunization records or documentation of having immunity for the following infectious diseases: Measles, Mumps, Rubella, Varicella (Chicken Pox), Hepatitis B, Tetanus, and Diphtheria, Proof of 2 Step PPD (Tuberculosis) testing or QuantiFERON during the past three months. Influenza Vaccine during the present Flu season (September through April), and COVID-19 are also required. Documentation of immunity will expedite the process.
- Agree to be screened by St. Christopher's Hospital for Children Employee Health Services. The screening will include: a physical, drug screening, QuantiFERON (Tuberculosis), and Influenza vaccine. If applicant can provide documentation of QuantiFERON (Tuberculosis) Employee Health Services will review results for clearance.
- Provide 2 references
- Participate in scheduled interview with Volunteer Services
- If approved, attend Hospital Volunteer Orientation

For additional information please contact:

Dina Melchiorre, Director of Volunteer Services at (215) 427-5467

VOLUNTEER APPLICATION PACKET

Volunteer Services
160 East Erie Avenue
Philadelphia, PA 19134-1095
(215) 427-5398

We take pride in the diversity provided in our workplace and provide equal employment opportunity for all qualified applicants.

St. Christopher's Hospital for Children is a tobacco-free workplace.

Please note this application does not apply to Shadowers. Individuals interested in Shadowing should refer to the Shadowing Application.



Please Check one:

- Adult
 Student (minor, age 15-17)
 Pet Therapy

Date Received: _____

Application: ____ Complete ____ Incomplete

Date Interviewed: _____

VOLUNTEER APPLICATION

PLEASE PRINT:

Date: _____

Date of Birth: _____

Name:

(Last)

(First)

(Middle)

Present Address:

(Street)

(City)

(State)

(Zip)

Telephone:

Home () : _____

Work() _____

Cell () _____

Email Address: _____

If a minor, name of Parent or Guardian: _____

IN CASE OF EMERGENCY, NOTIFY:

Name	Address	City, State, Zip
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Relationship	Telephone Number	Cell Phone Number
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Email address

SERVICE AREA AND TIME PREFERENCE:

When do you prefer to volunteer? (Check all that apply): Morning Afternoon Evening

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hrs: Hrs: Hrs: Hrs: Hrs: Hrs: Hrs:

Please specify preferences:

No patient contact Limited contact Patient contact

Children's Services Clerical Pet Therapy

Are there any work activities or conditions that you must avoid? Yes No

If yes, please list _____

Is there any reason you will not be able to carry out volunteer assignments in a safe manner? Yes No

If yes, please explain _____

VOLUNTEER APPLICATION

EDUCATION:

Education (Please Circle) Grades 1 2 3 4 5 6 7 8 9 10 11 12

College Degrees Obtained or In Progress: _____

School presently attending: _____

Education program or special training (describe): _____

If minor, please provide school name _____ Grade _____

EMPLOYMENT/VOLUNTEER HISTORY: Starting with your most recent, list all positions and activities including self-employment, volunteer work, and all significant experience.

Employer	Street	City	State	Zip Code
Job Title	Supervisor Name & Telephone Number			
Date Employed (month/year)	Date separated (month/year)			
Duties				
Reason for leaving				

Employer	Street	City	State	Zip Code
Job Title	Supervisor Name & Telephone Number			
Date Employed (month/year)	Date Employed (month/year)			
Duties				
Reason for leaving				

Employed _____

Unemployed _____

Retired _____



VOLUNTEER APPLICATION

PERSONAL REFERENCE (Other than relatives) - Please provide full mailing address.

NAME	STREET/CITY/STATE/ZIP	PHONE
		Home: Work: E-mail:
		Home: Work: E-mail:

PET THERAPY PROGRAM VOLUNTEERS

PET INFORMATION:

Name of Dog: _____ Date of Birth: _____
 Dog Breed: _____ Gender: Male Female

PET CERTIFICATION:

Has dog been certified? Yes No Date of Certification: _____

Certifying Agency (please check appropriate box): Pet Partners Therapy Dog International
 Other _____

Has dog been a part of a Pet Therapy Program Previously? Yes No

(If yes, please provide information to include, Agency/Hospital name, contact information and length of involvement.)

Name of Agency: _____ Contact Person: _____

Phone #: _____ Email Address: _____

Length of Involvement: _____ Start Date: _____ End Date: _____

IF USING A HARD COPY OF THIS APPLICATION, PLEASE RETURN TO:

ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN
 DEPARTMENT OF VOLUNTEER SERVICES
 160 EAST ERIE AVENUE
 PHILADELPHIA, PA 19134-1095

VOLUNTEER APPLICATION

Student Volunteer (Minors, ages 15-17)

Student volunteers aged 15-17 years must complete this application for themselves.

All volunteers serve without pay.

Students must show proof of age, photo identification and immunization records.
Parental permission is required.

Print Name

Date

Signature of Student

Date

Consent for minors ages 15-17 (to be completed by parent or person responsible)

I hereby give my consent for _____ to serve as a volunteer at
St. Christopher's Hospital for Children.

Print Name

Date

Signature of Parent or Guardian

Date

VOLUNTEER APPLICATION

APPLICANT AGREEMENT:

- I certify that the information contained in this application is correct and complete to the best of my knowledge.
- Acceptance as a Traditional Volunteer at St. Christopher's Hospital for Children is contingent upon satisfactory completion of all pre-placement procedures which includes, but is not limited to an interview, verification of references, drug screening, orientation, health screening, tuberculosis screening, review of required vaccination records, and criminal background checks.
- I realize that misrepresentation of facts will be cause for rejection of this application. In the event of placement in the volunteer program, falsification of any information on this application will be cause for dismissal.
- I authorize St. Christopher's Hospital for Children to investigate the information provided on this application and Drug Screening, Criminal background check, Child Abuse Clearance, and FBI Fingerprinting as part of the application process. I will hold no person liable for giving or receiving information regarding these investigations.
- I agree to abide by the policies of St. Christopher's Hospital for Children and the Standards of Conduct which will be discussed and distributed during hospital volunteer orientation.
- I authorize St. Christopher's Hospital for Children to use photographs of me taken at hospital for marketing, public relations, recruitment, and/or educational purposes, and waive any rights to compensation for these uses. The term photograph shall mean modern pictures or still photography in any format and as well as videotape, video disc, digital, electronic, or other mechanical means of recording and reproducing images.
- I, _____, understand and acknowledge that, upon both my successful completion of the volunteer placement process required by St. Christopher's Hospital for Children and the receipt of approval for service by Volunteer Services management, I will become a "volunteer". As a volunteer, I acknowledge that I will not receive compensation for services. I acknowledge that I will receive a volunteer service description to specify the department(s) that I will be volunteering in prior to my placement(s). A signed copy of that (those) volunteer service description(s) will be in my volunteer file.
- I acknowledge that St. Christopher's Hospital for Children may end the Volunteer assignment at any time.

PRINT NAME

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF VOLUNTEER SERVICES DIRECTOR

DATE

VOLUNTEER APPLICATION

PERSONAL STATEMENT OF INTENT

1. Why did you select St. Christopher's Hospital for Children for your volunteer work?

2. What would you like to gain from this experience?

3. In what way will St. Christopher's Hospital for Children benefit from your volunteering?

4. Describe any special skills and languages that you feel will be helpful as a volunteer:

5. What area would you like to volunteer in? Why?

6. Are there any special considerations that you would like us to keep in mind when reviewing your volunteer application?

VOLUNTEER APPLICATION

SKILLBANK (Please check or circle all that apply)

BUSINESS PROFESSIONALS

- CERTIFIED PUBLIC ACCOUNTANT
- CUSTOMER SERVICE
- HUMAN RESOURCES SPECIALIST
- RETAIL SALES
- LAWYER
- OTHER: _____

SKILLED TRADES

- HAIR STYLIST
- LANDSCAPING
- MAKEUP ARTIST
- MANICURIST
- MAINTENANCE

ARTS AND ENTERTAINMENT

- ACTING
- BALLOON ART
- BAND
- FACE PAINTING
- JUGGLING
- MUSIC INSTRUMENT TYPE: _____
- SINGING
- STORY TELLER
- OTHER: _____

ADMINISTRATIVE SUPPORT

- COMPUTER PROGRAMS (ACCESS, EXCEL, POWER POINT, AND WORD)
SPECIFY TYPES: _____
- DATA ENTRY
- FILING
- GENERAL OFFICE ASSISTANCE
- MAILING
- RECEPTIONIST
- TELEMARKETING
- OTHER: _____

HEALTH AND MEDICAL SERVICES

- NURSE
- NUTRITIONIST
- PHYSICAL THERAPY
- PHYSICIAN TYPE: _____
- OTHER: _____

NATURAL RESOURCES

- ENVIRONMENTAL EDUCATION
- GARDENING / HORTICULTURE
- LANDSCAPE ARCHITECT
- RECYCLING
- OTHER: _____

GENERAL ASSISTANCE

- TELEPHONE
- TRANSPORTATION/DRIVER
- OTHER: _____

COMMUNICATION

- CALLIGRAPHY
- FOREIGN LANGUAGE: _____
- GRAPHIC DESIGN
- MARKETING/PROMOTION
- MULTIMEDIA PRODUCTION
- NEWSLETTER/BROCHURE
- PUBLISHING
- PHOTOGRAPHY
- PUBLIC RELATIONS
- SIGN LANGUAGE
- TOUR GUIDES
- VIDEO PRODUCTION
- WRITING
- OTHER: _____

EDUCATION

- DAY CARE AIDE
- ELEMENTARY SCHOOL TEACHER
- EXC INSTRUCTOR
- HIGH SCHOOL TUTOR
- GED INSTRUCTOR
- LIBRARIAN
- LIFE SKILLS INSTRUCTOR
- LITERACY INSTRUCTOR
- MIDDLE SCHOOL TEACHER
- SPECIAL EDUCATION
- OTHER: _____

NON-PROFIT ADMINISTRATION

- FUNDRAISING
- GRANT WRITING
- SPECIAL EVENT PLANNING
- VOLUNTEER RECRUITMENT AND TRAINING
- OTHER: _____

HAND CRAFT SKILLS

- ARTS AND CRAFTS
- CERAMICS/POTTERY
- NEEDLE CRAFT
- WOOD WORKING
- OTHER: _____

CORPORATE TRAINING

- CULTURAL SENSITIVITY
- CUSTOMER SERVICE
- FACILITATE
- LEADERSHIP DEVELOPMENT
- MANAGEMENT SKILLS
- MOTIVATIONAL
- STRESS MANAGEMENT
- TEAM BUILDING
- TIME MANAGEMENT
- OTHER: _____



Student Volunteer
(Minors, ages 15-17)

VOLUNTEER APPLICATION
PARENTAL RELEASE FORM

Parents of Prospective Student Volunteers (minor)

St. Christopher's Hospital for Children, a for-profit, nonsectarian medical center, treats thousands of children each year. Because we specialize in the care of children, it is important that those who assist staff in the delivery of care are of the highest quality. For this reason, we are requesting that the school which your child attends supply a "Letter of Reference," which is designed to assist in the screening process. We will take both the character of the individual and academic standing into consideration.

Please sign the form below giving your child's guidance counselor permission to supply us with the letter of reference. If you have any questions, please feel free to contact Dina Melchiorre 215-427-5467. Your assistance and cooperation are greatly appreciated.

----- |
hereby give my consent for a "Letter of Reference" to be sent to St. Christopher's Hospital for Children.

Print Name

Parents' Signature

Date

Child's Name

Name of School and Grade

Student Volunteer
(minors, ages 15-17)

LETTER OF REFERENCE

_____, a student at your school is interested in becoming a volunteer at St. Christopher's Hospital for Children. The form below represents a minimal record of your student's abilities. After filling in the rating scale, please feel free to make additional comments.

Please be prompt in returning this letter of reference as the student's application will not be processed until we have received this information from you.

Your cooperation is greatly appreciated. If you have any questions, please feel free to contact the Volunteer Services Department at 215- 427-5398.

(Print Student's Name)

Superior	Above Average	Average	Below Average	Poor	Don't know
----------	------------------	---------	------------------	------	---------------

Student attendance

Quality of academic work

Ability to work with peers

Ability to work with faculty

Dependability

Leadership qualities

Resourcefulness

General effectiveness

Additional Comments: _____

Counselor's Name

Counselor's Signature

Date

School

Phone number

VOLUNTEER APPLICATION

EMPLOYEE HEALTH SCREENING

I give permission for St. Christopher's Hospital for Children to administer a QuantiFERON Blood test for tuberculin screening:

If applicant can provide documentation of 2 PPD's within the past 3 months QuantiFERON will not be required.

My child _____
(Print Name)

Myself _____
(Print Name)

Signature of Volunteer

Date

Signature of Parent/Guardian

Date

I give permission for St. Christopher's Hospital for Children to administer a Flu shot during Flu season (September through April)

If applicant can provide documentation of Flu shot being administered during the time period of September through April of present year, a Flu shot will not be required.

My child _____
(Print Name)

Myself _____
(Print Name)

Signature of Volunteer

Date

Signature of Parent/Guardian

Date

VOLUNTEER APPLICATION

EMPLOYEE HEALTH SCREENING

Please bring with you a recent photo I.D. and SS# for in-processing of drug screening.

PRE-VOLUNTEER DRUG TESTING CONSENT FORM

I consent freely and voluntarily to the testing of (my/my child's) urine specimen for the presence of illegal or unauthorized drugs. I hereby release and hold harmless Tower Health and its agents from any liability arising as a result of this testing. I further understand that passing the pre-volunteering drug test is a requirement for volunteering.

Volunteer Name (Please Print)

Volunteer Telephone Number

Volunteer Signature Date

Parent Signature Date

To be signed day of drug screening by applicant:

I certify that this urine sample was provided by me, was not altered, and was placed in a container, sealed and labeled in my presence.

Volunteer Name (Please Print) Date

Volunteer Signature Date

****THIS CLEARANCE WILL BE MAILED TO THE ADDRESS THAT YOU LIST BELOW. PLEASE BE SURE TO WRITE YOUR ADDRESS DOWN CORRECTLY AND BRING COMPLETED FORM TO THE VOLUNTEER SERVICES DEPARTMENT.**

VOLUNTEER APPLICATION

CHILD ABUSE CLEARANCE - Instructions

1. Go to compass.state.pa.us/cwis/public/home.
2. Click on "Create Individual Account."
3. Click "Next."
4. Create a user account by filling in this page. The Keystone ID is a username that you make up. Click "Finish."



Create Keystone ID: Profile Information

1 General Information 2 Profile Information

Required

To create a new Keystone ID, please provide the following information:

- Keystone ID (must be 6 to 10 characters)
- First Name
- Last Name
- Date Of Birth (MM/DD/YYYY)
- E-mail
- Confirm E-mail

To ensure online security, please select and provide answers for security questions. These questions will be used if you forget your password.

Security Question Tips
Choose questions for which you will easily recall the answers; do not write down the questions and answers, as this undermines their usefulness as a security tool.
Answers must be typed exactly the same way, every time. So, if you typeback "Philadelphia" or if you write "Philadelphia Pa", here, you must do so every time you use the question.
Avoid using special characters (like @) and punctuation (like .) in your answers.
You cannot use the same question more than once.
Answer cannot be any phrase directly from the question.

Security Question 1

5. You will be emailed a temporary password. Retrieve the password from your email and revisit compass.state.pa.us/cwis/public/home.
6. Click on "Individual Log In."
7. Click on "Access my Clearances."
8. Scroll down and click "Continue."
9. Enter your Keystone ID and temporary password.
10. Verify your account and select your device for authorization purposes.
11. Change your password and click "Submit."
12. You will now have to log in again with your new password.
13. Scroll down, select "I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions" and click "Next."

14. Scroll down and click "Continue."
15. Click "Create Clearance Application."
16. Scroll down and click "Begin."
17. For Application Purpose, select the first option for "Volunteer Having Contact with Children." Scroll down and click "Next."

Application Purpose

Please select the reason you are submitting this Pennsylvania Child Abuse History Clearance application. You can select only one reason per application. If you require additional child abuse history clearances for any other reason, you will need to submit another application. You can submit another application at any time from your PA Child Abuse History Clearance Account.

For more detailed definitions and exceptions to clearance requirements please see the Who Needs Child Abuse Clearances at <http://keepkidssafe.pa.gov/clearances/index.htm>

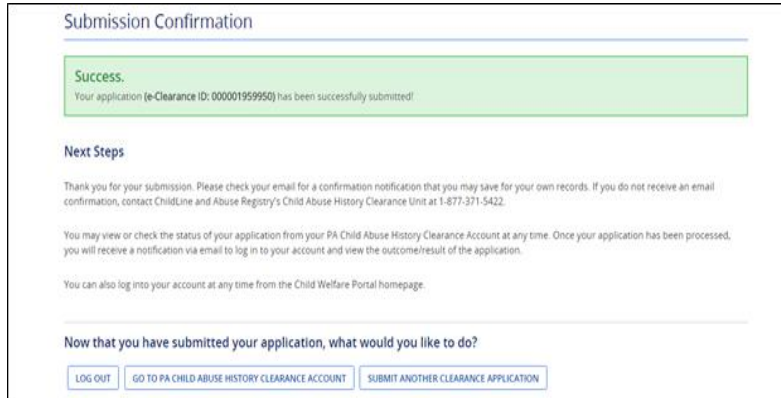
- Volunteer Having Contact with Children: Applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school or a program, activity or service, as a person responsible for the child's welfare or having direct volunteer contact with children.
- Foster Parent: Applying for purposes of providing foster care.
- Prospective Adoptive Parent: Applying for the purpose of adoption.
- Employee of Child Care Services: Applying for the purposes of child-care services in the following: Child day-care centers; group day-care homes; family child-care homes; boarding homes for children; juvenile detention center services or other programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day-care services or other programs that are offered by a school.

18. Complete the Applicant Information section and click "Next."
19. Complete the Current Address section and click "Next." You do not need to have a paper copy delivered to you.
20. Complete the Previous Address section and click "Next."
21. Complete the Household Members section and click "Next."
22. Review the Application Summary section and click "Next."
23. Answer NO to the question "Have you received a paper or electronic volunteer certification free of charge since (date)?"
24. Check the box, type your full name, and click "Next."

25. Answer NO to the question "Did the organization you are volunteering for provide an authorization code for your application? An authorization code is not required to submit your application."

26. Select "Waive Application Fee and Submit Application."

27. Your screen should look like the example below:



28. At this point, you will wait for your results. They can take anywhere from one minute to several days. Once you receive an email from noreply@pa.gov that your results are available, you will need to go back to compass.state.pa.us/cwis/public/home.

29. Click on "Individual Log In," then "Access my Clearances," then "Continue" and enter your Keystone ID and password.

30. Click on "To view the result, click here."

31. This will download a PDF of your results that should look like this. *Note that this clearance may only be used for volunteering purposes. Should a clearance for employment purposes be needed in the future, a new clearance will need to be obtained for employment purposes.*

32. Save your results as a PDF and send a copy to St. Christopher's Hospital for Children Volunteer Service Department.



VOLUNTEER APPLICATION

ACT 34 - Pennsylvania Access to Criminal History (PATCH) Instructions

This clearance is free of charge for volunteers. Carefully review the following information:

1. Go to <https://epatch.pa.gov/home> and select New Record Check (Volunteers only) to initiate the application.
2. When completing the application, make sure to note the following:
 - Reason for Request will default to "**Volunteer FREE**"
 - Input "**ST CHRISTOPHERS HOSPITAL FOR CHILDREN**" as Volunteer Organization Name (Note: do not include special characters)
 - To receive your clearance accurately and quickly, please enter all information, including Social Security Number
3. Once the application is submitted, make sure to save the control number that is provided. This number is the main record for retrieving the clearance and should be stored in your personal records.

****Important Notice: The ACT 34 PATCH certification form MUST be printed or saved immediately;** once you close out of the results, you will have no further access to the document. Please be advised that we cannot accept a receipt or invoice in place of the actual certification form, and you will be required to apply for a new clearance if the original document is not saved.

Once the application has been submitted, results may be returned in two methods.

METHOD 1 - RESULTS POSTED IMMEDIATELY ONLINE

Once the application has been submitted, if the status states No Record, your results have been completed and are posted online.

To print a copy of the results:

- Click on the link under the Control #
- Click on "Certification Form", located at the bottom of the webpage
- Print out the webpage to turn into the Department of Volunteer Services

METHOD 2 - RESULTS NOT POSTED IMMEDIATELY

Once the application has been submitted, if the status states "Request Under Review", your results are still being processed and will take two to four weeks to be returned. Results can be listed as under review for a variety of reasons: common name, previous criminal history, etc. To monitor the status of your request:

- Go to <https://epatch.state.pa.us/> and select Check the status of a Record Check, located on the bottom left-hand side of the webpage
- Enter the following information to retrieve your request: Control Number, First Name, Last Name, Date of Request
 - Please note: this information must be entered exactly as you listed on your original application

IF THE RESULTS INDICATE NO RECORD, YOUR ACT 34 CLEARANCE HAS BEEN COMPLETED

- Click on the link under the Control #
- Click on the Certification Form, located at the bottom of the webpage
- Print out the webpage to turn into the Volunteer Services office

VOLUNTEER APPLICATION

FBI Fingerprinting Registration Instructions (IdentoGO) Instructions

for St. Christopher's Hospital for Children Volunteering & Shadowing

1. The registration process is completed online at <https://uenroll.identogo.com>.
2. You will be prompted to enter a Service Code to begin enrollment. Student volunteers will register under the Department of Human Services (DHS).
 - ❖ The Service Code for DHS volunteers is **1KG6ZJ**
3. On the next screen select Schedule or Manage an Appointment
4. The next few screens will collect essential information such as name, date of birth, address, etc. You will need to complete all required information.
5. For the payment screen, you must indicate that there is no Authorization (Coupon) provided. Please note that expected payment will be required at the time of the appointment using a card payment and the charge will be a total of \$23.85.
6. On the Location selection screen in the 'Search for an Enrollment Center by Postal Code, City and State, or Airport Code' field you will choose your preferred IdentoGo site.

Once the registration is complete you will receive a confirmation email.

The fingerprint scan process takes approximately 10-15 minutes to complete and will require your picture to be taken. Registrants will receive their original results in the mail.

***Please note the Identogo accepted fingerprinting should be a digital fingerprint!**