



## DDS Summer Stars Day Camp Buddy Program

The DDS Summer Stars Day Camp utilizes a “buddy” program to ensure the safety and well-being of the campers.

### **Summer Stars Day Camp:**

**Mission:** To help children of all abilities explore new talents while developing social and recreational skills in a fun, non-threatening environment.

**Vision:** For each child to gain a better appreciation of self and to experience greater personal independence.

**About Summer Stars:** The camp is administered by Development and Disability Services of Lebanon Valley (DDS). There will be a camp coordinator and camp aide to oversee the day camp program. A Nurse will be available to assist as needed. While camp does target children with special needs, all children may participate in the camp. DDS will do its best to accommodate the needs of the campers to ensure inclusion for all children.

### **What is a “buddy”:**

A buddy is a volunteer who partners with one or two campers during the camp. Buddies are available to assist campers as needed. However, volunteers should encourage as much independence as possible for campers.

### **Buddies should be**

- Sixteen or older
- In good physical condition
- Flexible in working with children
- Attentive to the needs of the campers
- Supportive and willing to help campers with activities

### **Buddy Training**

Since the day camp is designed for children with special needs, buddies will be asked to participate in a pre-camp orientation training program.

### **Buddy Perks**

Aside from making new friends and the naturally good feeling of helping a child have a memorable camp experience, buddies will receive:

- Snacks
- Admission to participate in events
- Transportation to events from the DDS facility

*\*Cell phones may not be turned on while volunteering at the day camp. Cell phones will be confiscated from volunteers using them during camp hours and returned to the volunteer at the end of the camp.*

**DDS Summer Stars Day Camp  
Buddy Program**

NAME \_\_\_\_\_

**2021 DAY CAMP PROGRAM**- Check all dates you would like to volunteer  
Camp Mack Adventure Camp, July 26-29 (9am-3pm)

- Mon. 26
- Tues. 27
- Wed. 28
- Thurs. 29



**Developmental & Disability Services of Lebanon Valley  
Volunteer Application**

PERSONAL

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

\*Full Name \_\_\_\_\_ \*Home Phone No. \_\_\_\_\_

\*Maiden Name \_\_\_\_\_

\*Home Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_ \*Zip \_\_\_\_\_

\*Emergency Contact Person \_\_\_\_\_ Contact Relationship \_\_\_\_\_

\*Emergency Contact Phone No. (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

\*Most Recent Employer \_\_\_\_\_ Position Held \_\_\_\_\_

\*Employer Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_ \*Zip \_\_\_\_\_

VOLUNTEER INTERESTS & AVAILABILITY

\*What Volunteer Opportunity Interests You \_\_\_\_\_

\*What Days Are You Available \_\_\_\_\_

\*What Hours Are You Available \_\_\_\_\_

\*Why Do You Want to Volunteer at DDS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS VOLUNTEER POSITIONS

\*Organization \_\_\_\_\_ Phone No. \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_ \*Zip \_\_\_\_\_

\*Period of Service \_\_\_\_\_

\*Organization \_\_\_\_\_ Phone No. \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_ \*Zip \_\_\_\_\_

\*Period of Service \_\_\_\_\_

REFERENCES

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ How Long Have You Known Each Other \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ How Long Have You Known Each Other \_\_\_\_\_

YES NO I authorize my name and/or photograph taken at DDS activities to be used in public relation releases. Please list the name you want used in any news release:  
 \_\_\_\_\_

In October 2014, Governor Corbett signed PA Act 153 of 2014 into law. This legislation is designed to increase the safety of children by requiring specific background checks and child abuse clearances for all volunteers and employees who are responsible for children. This law impacts all organizations who serve youth and also includes strengthened mandatory reporting requirements for adult volunteers and employees. Act 153 was amended effective July 1, 2015 by the passing of PA Act 15 of 2015.

**ALL VOLUNTEERS MUST READ AND SIGN THE ATTACHED DISCLOSURE STATEMENT**

**VOLUNTEERS OVER THE AGE OF 18:**

All volunteers working with children and over the age of 18 must obtain the following clearances to volunteer for Developmental and Disability Services of Lebanon Valle:

1. Report of criminal history from the Pennsylvania State Police (PSP).
2. Child Abuse History Clearance from Department of Human Services (Child Abuse).
3. Fingerprint based federal criminal history (FBI) submitted through the Pennsylvania State Police or its authorized agent.
  - a. Not required if
    - The position the volunteer is applying for is unpaid; and
    - The volunteer has been a Pennsylvania resident continuously for the past 10 years. Volunteers who are required to obtain FBI Clearances because they are applying for an unpaid position and have been a continuous resident of Pennsylvania for the past 10 years must swear or affirm in writing that they are not disqualified from service based upon a conviction of an offense.

***How do I get my clearances?***

Clearances may be obtained by using the following links; please indicate that you are requesting the clearance to volunteer for Developmental and Disability Services of Lebanon Valley. When finished, an original copy of the provided certificate must be submitted to Developmental & Disability Services of Lebanon Valley along with your application. Clearances must be obtained prior to volunteering and working with children.

1. PA State Police criminal record (\$0.00 for volunteers)
  - Online: <https://epatch.state.pa.us/Home.jsp>
2. PA Department of Human Services clearance (\$0.00 for volunteers)
  - Online: <https://www.compass.state.pa.us/cwis/public/home>
3. Fingerprint FBI criminal history- (volunteers not living in Pennsylvania for the entire 10 prior years) (\$25.75 to be paid by the volunteer)
  - Step 1: Pre-registration is required online at <https://uenroll.identogo.com/workflows/1KG6ZJ/appointment/bio>
  - Step 2: After registering online, visit a registered fingerprint site

Volunteers may carry clearances from one organization to another provided that clearances are no older than 60 months. Clearances obtained for employment purposes may be used for volunteering.

- I have read and signed the attached Disclosure Agreement
- I have read and signed the attached HIPPA Confidentiality Agreement

SIGNATURE:

DATE:

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*If under 16, parent or guardian signature is required.*

SIGNATURE:

DATE:

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DEVELOPMENTAL & DISABILITY SERVICES OF LEBANON VALLEY, Inc.

Confidentiality Agreement

I. I acknowledge that during the course of performing my assigned duties at Developmental & Disability Services (DDS) of Lebanon Valley I may have access to, use, or disclose confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after my service and commit to the following obligations:

A. I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties

B. I will request, obtain or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties

C. I will take reasonable care to properly secure confidential health information and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.

II. I understand that as a volunteer of a DDS of Lebanon Valley, a human service agency dedicated to the training and education of individuals with intellectual and physical delays, disclosure of client information is governed by the rules and regulations established under HIPAA, the Health Insurance Portability and Accountability Act of 1996, and related policies and procedures DDS) of Lebanon Valley. Therefore, with regard to patient information, I commit to the following additional obligations:

A. I will use and disclose confidential health information solely in accordance with the federal and agency policies set forth above or elsewhere.

B. I will immediately report any unauthorized use or disclosure of confidential health information that I become aware of to the appropriate supervisor.

III. I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of volunteer service.

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

Volunteer Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer Supervisor: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Signature Date: \_\_\_\_\_

**DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS**  
**Required by the Child Protective Service Law**  
**23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)**

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), 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 my employer 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 statutes 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.

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (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. 2 11/3/15 I swear/affirm that 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.

(Over)

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 administrator or designee 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 certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

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

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

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.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_