



# Real Men Speaks Inc Volunteer Program

Beginning January 2018, Real Men Speaks Inc.is looking for  
Volunteers to Support our mentor program. Our program is "  
Connecting The Dots As A Man "

To Volunteer you Must:

Complete the following Forms and return them .

CEO George Stevenson

215-317-9786 , [Realmenspeaks@aol.com](mailto:Realmenspeaks@aol.com)

# Fill Out the Child Abuse History Clearance

Cost: FREE for volunteers!

Access online: <https://www.compass.state.pa.us/CWIS/Public/Home>

Directions:

1. Go to <https://www.compass.state.pa.us/CWIS/Public/Home>.
2. Click "Create Individual Account." Note: You will need an email address to create this account.
- a. *If you already have an account, click "Individual Login" to access your clearances or request updated clearances.*
3. Click "Next." You will be prompted to create a "Keystone ID" of your choosing, and you will need to fill out your contact information and select security questions.
4. Click "Finish." An email with a temporary password will be sent to you.
5. Return to <https://www.compass.state.pa.us/CWIS/Public/Home> and select "Individual Login."
6. Select "Access My Clearances."
7. Sign-in to your account by entering your Keystone ID (username) and temporary password.
- a. You will be prompted to enter a new password of your choosing. This will become your permanent password.
8. You will be taken back to the Log-in page and asked to log-in again with your Keystone ID (username) and new permanent password.
9. Select "I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions" and then click "Next."
10. Select "Create Clearance Application."
11. On the "Application Purpose" page, select the first option, "Volunteer Having Contact with Children."
- a. You will be prompted to choose a Volunteer Category from a dropdown menu. Choose "Other."
- b. In "Agency Name," write "School District of Philadelphia."
12. Fill in your personal information on the "Applicant Information" throughout the next several pages, clicking "Next" at the bottom of each page to continue forward.
13. On the "Application Summary" page, review your information to ensure it is correct, and then click "Next" at the bottom of the page.

14. On the “eSignature” page, select “no,” and then check off the box to affirm that the information you have included is correct. Write your name in the box that appears underneath the affirmation statement.
15. On the “Applicant Payment” page, select “no,” and then click “Next” at the bottom of the page to submit your clearance application.
16. You will receive an email confirming that your clearance application has been received. You will then receive an email notification of the clearance results within 14 days of this submission.

# Fill Out the PA State Criminal History Check

**Cost: FREE for volunteers!**

**Access online: <https://epatch.state.pa.us/Home.jsp>**

## **Directions:**

17. Go to <https://epatch.state.pa.us/Home.jsp>
18. Click on “New Record Check.”
19. Scroll to the bottom of the page and check off the “Volunteer Acknowledgement Section” to indicate that you agree to the terms and conditions. Then click “Accept.”
20. Fill out the Personal Information section:
  - a. For “Volunteer Organization Name,” write *School District of Philadelphia*.
  - b. For “Volunteer Organization Telephone Number,” write 215-400-4180.
  - c. Fill in the remaining boxes with your personal contact information. Once you finish, click “Next.”
21. Click “Proceed.”

22. Fill in the Record Check Request Form with your personal information. Please note:  
You are NOT required to include your Social Security Number, but doing so will allow you to receive your results more quickly.
23. Click "Enter This Request."
24. Click "Finished."
25. On the Record Check Request Review page, click "Submit."
26. Once the page loads, click the number under "Control #" in order to retrieve a receipt of the Criminal History Clearance.
27. Click the link that says "Certification Form." Either print the form now or download it as a PDF by clicking "Save."

# Complete FBI Background Check OR Sign Volunteer Affirmation Form

***Choose ONE of the following based on whether you have lived in Pennsylvania for the past 10 years:***

***If you have lived in Pennsylvania for the past 10 years...***

Volunteers who have resided in the Commonwealth of Pennsylvania for the past 10 years, can submit a Disclosure Statement for Volunteers in lieu of the Fingerprint based FBI Clearance: [Disclosure Statement & Waiver Application for FBI](#)

[Background Check for volunteers](#)

The FBI Criminal Background Check is NOT required if the volunteer has been a resident of Pennsylvania for the past ten years and swears or affirms that they have not been convicted of a prohibited offense listed in existing law or a similar offense in another jurisdiction.

***If you have NOT lived in Pennsylvania for the past 10 years...***

FBI Background Check with Fingerprinting

**Cost: \$24.25**

Applicants may make their payment online at [www.pa.cogentid.com](http://www.pa.cogentid.com) using a credit card or debit card. Money orders or cashiers checks payable to 3M Cogent will be accepted at the fingerprinting location for those applicants who do not have the means to pay electronically. No cash transactions or personal checks are allowed.

You must register first, either by calling 1-888-439-2486 (available Monday through Friday from 8:00am to 6:00pm) or by going online at [https://www.pa.cogentid.com/index\\_pdeNew.htm](https://www.pa.cogentid.com/index_pdeNew.htm).

# Real Men Speak, Inc.

## Volunteer Application

Application Date \_\_\_\_\_

Volunteer Position Sought

\_\_\_\_\_

Name

\_\_\_\_\_

\_\_\_\_\_

Home Address

\_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone

\_\_\_\_\_

### AVAILABILITY

When are you available for volunteer assignments?

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Monday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Thursday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Tuesday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Friday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Wednesday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Saturday

Interests



In which areas are you best suited to volunteer?

AIDS/ HIV                       Homelessness/ Hunger                       Environment                     

Other: \_\_\_\_\_

Children and Youth                       Volunteer Leadership                       Health/ Wellness

Disaster Assistance                       Building/ Repair                       Seniors

Fundraising                       Disability Services                       Youth Volunteering

**EDUCATION**

Highest Level of Education

\_\_\_\_\_

**EMPLOYMENT**

Current Employer, if applicable:

Position/Title

\_\_\_\_\_

Dates of Employment (starting, ending)

\_\_\_\_\_

Company/Employer

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service and achievement? Y

/ N

**SKILLS & EXPERIENCE**

Special training, skills, hobbies

---

Groups, clubs, organizational memberships

---

Please describe your prior volunteer experience (include organization names and dates of service)

---

---

---

---

---

---

---

---

---

---

What experiences have you had that may prepare you to work as a volunteer in the field of [description of field, e.g., domestic violence, child abuse prevention, youth recreation, etc.]?

---

---

---

---

---

---

---

---

Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

---

---

---

---

---

---

---

---

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

---

---

---

---

---

**WHEN DRIVING IS REQUIRED**

Do you have a driver's license? No Yes

License State/Number:

\_\_\_\_\_

Do you have car insurance? No Yes

License Plate/State: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number:

\_\_\_\_\_

**REFERENCES**

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

Name:

---

---

Street Address:

---

City, ST ZIP Code:

---

Home Phone:

---

Work Phone:

---

E-Mail Address:

---

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with [Name of Nonprofit] that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by [Name of Nonprofit]. I understand that misrepresentations or omissions may be cause for my immediate rejection as

an applicant for a volunteer position with [Name of Nonprofit] or my termination as a  
volunteer.

Signature \_\_\_\_\_ Date

\_\_\_\_\_