

Mt. Airy Homeschooling Cooperative Application for Membership

Unitarian Society of Germantown at 6511 Lincoln Drive, Philadelphia

Thank you for your interest in the Mt Airy Homeschooling Cooperative. Feel free to direct any questions about the application process to Ruth Hoover (rooverhoover@verizon.net), who processes the membership applications. For specific questions about the Teen/Tween Program on Thursdays, direct your questions to Mike Seidenberg (mike.seidenberg@verizon.net).

1. Please visit our website to learn about the co-op by reading the FAQ and handbook.
<http://mtairyhomeschoolingcoop.org>
2. Attend one of the seasonal Open House events with your children in order to see the meeting space, meet current members, and see first-hand how the co-op operates. Open House dates are posted on the website.
3. Please fill out Parts I, II, and III of the application. Also apply for the background clearances as specified in Part IV of the application. Send completed applications (including background clearance documents) to Ruth Hoover, 10 Carpenter Ln., Philadelphia, PA 19119.
4. If your application to MAHC is approved, you will receive course information for the upcoming session (Fall, Winter or Spring). At that time,
 - a. you will be able to choose classes for your children.
 - b. commit to your co-op hours by signing up to teach, float, or supervise lunch and/or break.
 - c. you will receive the necessary financial forms. Payment is due with class registrations. Please note that all payments are non-refundable.

Membership approval is given on a trial basis. Final approval will be given at the end of your first session (12 weeks). Please ask our contact person any questions you may have throughout the application process.

A non-refundable membership fee of \$25 must accompany this application. Please make check payable to The Mt. Airy Homeschooling Co-op.

MAHC Application for Membership Part I: Family Information

Family Name: _____

Address: _____

Phone numbers: _____

E-mail address: _____

Emergency contact: _____

Children (please list ALL children who will be present at the co-op, including those under age 6):

First name, last if different	Birthdate: mm/dd/yy	Allergies/medical conditions/comments

Please check membership type(s) for which you are applying:

- Family (full-time): Working members, 3 classes on Tues
- Family (part-time): Working members, 1 class on Tues
- Youth (full-time): Non-working, 12 and older, 3 classes on Tues
- Youth (part-time): Non-working, 12 and older, 1 class on Tues
- Teen Program

MAHC Application for Membership Part II: Behavior Questionnaire

Ours is a parent-founded and parent-run co-op. Parent participation is essential to the overall wellness and success of the co-op. Each semester, there will be a minimum number of work hours during the co-op day required from each family. In addition to scheduled work hours, it is expected that you will be available to your child throughout the co-op day, should a need arise. It is our intention to be a welcoming community; it is also important that we clearly communicate the expectations of our community to potential members.

We sincerely thank you for your interest in MAHC. Below you will find some questions regarding your family and your child, specifically. MAHC, being a parent-run program, has no resources to address behavior issues, and we are not a solution to a challenging event that may have interrupted schooling in another setting. Please answer the questions as honestly as you can to ensure the co-op is a good fit for your family and our community.

Name: _____

Name(s) and age(s) of child(ren):

1. What is your family's homeschooling experience?

2. Has/Have your child/children been in school? If so, what was the reason for leaving? Was it voluntary?

3. Has your family been part of other homeschooling groups? If so, please list them and tell us about your experience with them.

4. Can you give us the referral of three other families? Please include homeschooling families as references if possible.

5. Is/Are your child/children able to accept responsibility for his/her/their actions when interacting with others in a group setting?

6. Does/Do your child/children engage easily in group activities, or does she/he/they prefer to be alone or with just one other child?

7. Please provide concise and complete information regarding any medical, emotional, or psychological condition your child/children has/have that might affect his/her/their behavior. This should include any history of violent behavior, should any exist.

8. Please provide any other information that you think our community should know in order to make your child/children feel welcome:

MAHC Application for Membership Part III: Work Commitment

Please read our handbook and FAQ (available on our website) to learn about the co-op's family work requirements, and complete the following:

Committee Selection:

- Administrative Committee (responsible for writing and updating, when necessary, the by-laws and policies of the co-op, as well as managing the co-op's finances, including dues collection, the checking account, financial reports, budget and dues analysis.)

- Membership & Social Committee (responsible for recruiting new members, maintaining the yahoo group and the website, registering students for classes, and planning social events.)

- Operations Committee (responsible for planning each session's course schedule and room assignments, oversees member work hours, and serves as the point of contact for the physical plant, as needed.)

Please provide a brief description of classes you might like to teach/facilitate at some point.

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Signature _____ Date _____

MAHC Application for Membership Part IV: Background Clearances and Mandated Reporter Training

Pennsylvania law now requires that all of our working members have background clearances and mandated reporter training. This means ANY ADULT in the household who may be a) teaching or b) completing non-teaching work hours or c) assisting with field trips. If you do not already have clearances, here are the links to the websites you will need to visit to obtain the clearances:

<https://www.compass.state.pa.us/cwis/public/home> (PA Child Abuse History Clearance)

<https://epatch.state.pa.us/Home.jsp> (PA Criminal History Clearance)

https://www.pa.cogentid.com/index_dpw.htm (FBI Criminal Record Clearance with Fingerprinting)

The first two are relatively simple and can be completed entirely online with nearly instantaneous results. The FBI Clearance is only required if you have lived outside the state of Pennsylvania at anytime during the last ten years, in which case you would go to a Cogent facility to have your fingerprints taken and sent to the FBI for processing, the results of which can take few weeks. **If you have lived in Pennsylvania for ten years, please read and sign the next page in lieu of the FBI Clearance.**

The cost of the two state-level clearances is now FREE. If needed, the FBI clearance cost is \$27.50.

The mandated reporter training is a free online course available at <https://reportabusepa.pitt.edu> (PA Child Welfare Resource Center). You will need to create a user name and password. The course is interactive and can be completed online in several hours. On completion, you will be awarded a certificate electronically. Print this and/or save the file as proof of completion.

We will need your completed training certificate and clearance documents (or receipts showing that the clearances are in process) mailed with your completed application and membership fee. Send everything to Ruth Hoover, 10 Carpenter Ln., Philadelphia, PA 19119.

Appendix A: Statement of Residency and Lack of Criminal History

As a volunteer at MAHC, I am aware that I must provide the following clearances prior to commencement of any volunteer activities: Pennsylvania State Police Clearance, and Pennsylvania Child Abuse History Clearance.

I swear/affirm that I have been a continuous resident of Pennsylvania for the past 10 years and that I not been convicted of one or more of the following crimes reportable under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state, territory, commonwealth or foreign nation:

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 2910 (relating to luring a child into a motor vehicle or structure)
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) (A felony offense relating to prostitution and related offenses)
Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
Section 6301(a)(1) (relating to corruption of minors)
Section 6312 (relating to sexual abuse of children)
A felony offense under the Act of April 14, 1972(P.L.233.No.64) known as the Controlled Substance Drug Device and Cosmetic Act within a five-year period immediately preceding this verification.

I swear/affirm that I have not been involved in the attempt, solicitation, or conspiracy to commit any of the offenses set forth above. I understand that I will not be allowed to volunteer if I am named as a perpetrator of a founded report of child abuse or convicted of any of the crimes listed above subsequent to providing the required clearances. I also understand that MAHC retains the right to refuse me permission to serve as a volunteer for any reason that, in its judgment, renders the applicant unsuitable to serve in that capacity.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.

Name: _____ Date: _____
(Please print)