PLUM BOROUGH SCHOOL DISTRICT

**POLICY 824 TRAINING**

 I verify and state that I have successfully completed Plum Borough School District’s Training on School Board Policy No. 824 “Maintaining Professional Adults/Student Boundaries.”

 I verify and state that immediately before signing this document, I have once again read Policy No. 824. I have had an opportunity to receive any clarification or have had answered any question I may have regarding Policy No. 824.

 I understand that as an employee or volunteer of the School District I am prohibited from undertaking various romantic or sexual relationships, social interactions, and electronic communications as set forth in Policy No. 824.

 I specifically understand that as an employee or volunteer of the School District I am prohibited from having any romantic or sexual interaction involving a Plum Borough School District student. I understand that this prohibition applies regardless of my or the student’s age. I understand that this prohibition applies regardless of whether either I or the student are 18 years of age or older.

 I specifically understand that I am prohibited from dating, courting, or entering into or attempting to form a romantic or sexual relationship with any student enrolled in the School District, regardless of the student’s age. I understand that students of any age are deemed not legally capable of consenting to romantic or sexual interactions with me.

 I am hereby informed that as a volunteer or employee of the School District (including serving as a coach or sponsor of a school activity) I am committing a criminal offence should I engage in sexual intercourse, deviate sexual intercourse or indecent contact with a student of the school. This crime is called institutional sexual assault and is a felony of the third degree. If convicted of institutional sexual assault, I could be fined, imprisoned and/or placed upon a publicly registered sexual offender list.

 Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of employee/volunteer

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 Printed Name

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 School District Witness