



# SEASON 14 HANDBOOK

*TOGETHER, WE CAN MAKE READING SING!*

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## CONTACT INFORMATION

**Opus One: Berks Chamber Choir**

PO BOX 6332, Wyomissing, PA 19610

Website: [www.OpusOneChamberChoir.com](http://www.OpusOneChamberChoir.com)

Email: [info@opusonechamberchoir.com](mailto:info@opusonechamberchoir.com)

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## ORGANIZATION INFORMATION

### MISSION STATEMENT:

The mission of **Opus One: Berks Chamber Choir** is to provide local vocal musicians an affordable artistic venue to collaborate and perform a varied repertoire of choral music in a positive learning environment. Through quality performances of music from different time periods, cultures, languages, and genres, Opus One hopes to encourage participation, understanding, and appreciation of the choral arts in our community.

### VISION STATEMENT:

**Opus One: Berks Chamber Choir** hopes to create an inspirational and innovative family of singers who will continually strive to connect our diverse community through the expressive medium of choral music.

### NON-PROFIT:

**Opus One: Berks Chamber Choir** is a registered 501(c)3, nonprofit, charitable organization. A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. [EIN: 46-1610644]

### NON-DISCRIMINATION POLICY:

**Opus One: Berks Chamber Choir** does not discriminate on the basis of race, color, familial status, religious creed, ancestry, handicap or disability, age, sex orientation, gender, national origin, the use of a guide or support animal because of the blindness, deafness or physical handicap of the user or because the user is a handler or trainer of support or guide animals in regard to the rights, privileges, programs, and activities generally accorded or made available to the participants in the chorus, in the administration of its policies, admissions/auditions, scholarship programs, or any other chorus-administered programs.

## PARTICIPANT INFORMATION

### Participation and Participation Fee:

Opus One is comprised of individuals with varying levels of musical ability. As part of our mission, we encourage all members of our community to participate in the choral art form. In rare instances, membership will be denied based on vocal quality, lack of technique, or inability to read music.

**Non-Refundable Participation Fee [Payment due at or before the first scheduled rehearsal]**

- \* Annual Participation Fees = \$200
  - “Early Bird Fee” (paid in one installment before July 1) = \$175
- \* Half-Season Participation Fee (*either August – December OR January - June*) = \$125
- \* High School / College Singers = \$25 (per semester)

**Participation Fee Reduction Opportunities**

**ACTION**

- \* Recruit a new singer (*paid in full*)
- \* Obtain a Corporate Sponsor
- \* Obtain Business Program ADs

**BENEFIT**

- \* 1/2 off Participation Fee (\$100)
- \* Participation Fee waived
- \* 20% of AD cost subtracted from Participation Fee

**Note:** Checks/ Money Orders must be made payable to ‘Opus One’. Reduction opportunities limited to the total amount of the Participation Fee.

**Auditions:**

Previous Opus One singers are not required to audition. All new singers will be admitted through a short audition/ ‘vocal check’ with the director(s). No prepared selections are required. The audition will consist of vocal warm-ups and sight-reading one or more familiar hymns. Auditions will be scheduled on a rolling basis (throughout the season) with the director.

**Rehearsals:**

Opus One will meet weekly on Sundays from 4:00 – 6:30pm at Grace Lutheran Church (30 Liberty St, Shillington, PA 19607). Please park in the lower lot of M&T Bank and use the double glass door entrance on Reber-Moore Ln. Please always conduct yourself appropriately in the church. Periodically, there will be “workshop rehearsals”, which have extended rehearsal times. Please check your *Season Schedule*.

**ATTENDANCE POLICIES**

- Please list all known conflicts on this Participant Info Sheet.
- Prompt and regular attendance is expected.
- Singers may miss no more than 2 rehearsals per concert event (*without direct consent from the Director*)
- Dress Rehearsals and Concerts are **mandatory** (*without direct consent from the Director*)
- The Director reserves the right to refuse participation in any concert based on the level of individual preparation

**\*\* All attendance issues should be referred to the Choirmaster\*\***

**Concerts:**

Opus One will present several concert events this season. Please consult the Season XIII Schedule for dates/locations. Only those who are well-prepared will be allowed to participate in concert events. All in-person tickets will be purchased ‘at the door’ (cash, check, money order, PayPal, Venmo). Some concert events will be available online through *TicketSpice* after the in-person event has already occurred. Audience members who wish to view concerts online will register for access by purchasing a ticket online. After, they will receive an email containing a link to the embedded concert video which will be made available for a week-long period. Ticket prices vary depending on the particular event.

**Attire:**

***Appropriate dress is expected at all times.***

Concert Dress: “*Concert Black*”

MEN – black long sleeve dress shirt, black slacks, black socks, black shoes (no sneakers)

WOMEN – black blouse or shirt, black slacks / black skirt (below knee), black shoes (no stilettos), no large jewelry

**\*\*NO COLOGNE, PERFUME, OR SCENTS OF ANY KIND (rehearsals / performances)**

*If you have questions about what is appropriate, please consult with the Choirmaster.*

**ECHO:**

ECHO is Opus One's select ensemble. Participation is through audition. ECHO rehearsals are scheduled after participants are selected. ECHO may perform as part of a regular Opus One concert and/or perform in a concert of their own. ECHO repertoire is usually more challenging and requires more individual preparation.

**Choral Artist Program:**

Opus One's Choral Artist Program includes the creation of a predetermined number of paid slots for core auditioned singers. Choral artists will be required to submit both a written application and undergo an in-person audition with both the Director and Choirmaster. These selected singers will report to and function under the Choirmaster and be compensated at predetermined rates (rehearsals/concerts). Choral artists will be required to attend all dress rehearsals and concerts. Choral artists will be required to attend a predetermined number of rehearsals, and only be compensated for the rehearsals for which they attend. Choral Artists are expected to be prepared. For more information, please consult the form on the website:

[www.OpusOneChamberChoir.com/Jonathan](http://www.OpusOneChamberChoir.com/Jonathan).

**Participant Responsibilities / Code of Conduct:**

Opus One seeks to create a safe, nurturing, professional, positive learning environment in which we can promote community, respect, and musical growth/development. Participants in any of Opus One programs will conduct themselves in an appropriate manner at all times. Participants agree to the following obligations:

- \* Participants will demonstrate prompt and regular attendance.*
- \* Participants are expected to do personal preparation (rehearsal) between meetings.*
- \* Inappropriate behavior or dress in any rehearsal/ concert setting will not be tolerated.*
- \* Participants will use all folders and sheet music with care. Participants are liable for damaged items.*
- \* Discrimination of any kind (bullying, racism, homophobia, sexism, ageism etc) will not be tolerated.*
- \* Smoking/ drinking / or being under the influence of any intoxicant during any Opus One activity is not permitted.*

Any violation of these guidelines will be dealt with swiftly by the directors and/or board of directors and may result in the dismissal from the organization. All participation fees are non-refundable.

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## OPUS ONE PARTICIPANT INFORMATION SHEET

This form is available digitally:

<https://docs.google.com/forms/d/e/1FAIpQLScj0thXhicOxUJaCeERR3NC-YlNo2qgC0DGL7RJ9eQbZo27DQ/viewform>

Participation Fee Paid: \_\_\_\_\_ Fee Reductions: \_\_\_\_\_ Folder Number: \_\_\_\_\_

### + Participant Information:

Name: \_\_\_\_\_ Voice Part: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Conflicts: \_\_\_\_\_

### + Emergency Contact Info:

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Medical Agreements:

I acknowledge that Opus One: Berks Chamber Choir is not liable for any accident or illness that occurs as a result of participation in the organization. In case of emergency, I give permission to contact the emergency contact persons listed above.

### Participant Obligation Agreement:

I have read this form and, without exception, agree to the policies outlined above. By signing this form, I am accepting this contract and will follow all participation guidelines in the *Opus One Handbook*. If found in violation of these guidelines, I recognize that participation in Opus One or any one or more of its programs or events may be terminated. All forms and fees must be received before participation in Opus One activities. All fees are non-refundable.

### Child Welfare and Abuse Prevention Policy:

I have read and agree to Opus One's "Child Welfare and Abuse Prevention Policy" as stated in the *Opus One Handbook*.

### Audio/Visual Recording Release:

I hereby grant permission to Opus One to capture, record, and utilize, in any way, my image, likeness and/or sound of my voice collectively, "materials", as recorded on audio, videotape, or any other medium without payment or any other consideration. I understand that my image may be edited, enhanced, copied, exhibited, published or distributed by Opus One or its agents, representatives or assigns and waive the right to inspect or approve the finished product wherein such 'materials' appear. Additionally, I waive any right to royalties or other compensation arising or related to the use of such 'materials'. I also understand that the 'materials' may be used in diverse educational settings within an unrestricted geographic area. By signing this release I understand this permission signifies that any of the 'materials' may be electronically displayed via the Internet or in the public educational setting or otherwise. There is no time limit on the validity of this release nor is there any geographic limitation on where these 'materials' may be used, displayed, or distributed. By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

*By signing this form, you are agreeing to all the policies and obligations stipulated above as well as acknowledging you have obtained the basic schedule.*

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

*All Participation Fees (checks or money order made payable to 'Opus One') can be given in-person or sent to our mailing address:*

**Opus One: Berks Chamber Choir**  
PO BOX 6332, Wyomissing, PA 19610

# BOARD OF DIRECTOR INFORMATION

## **Qualifications:**

Opus One seeks individuals who represent the Reading/Berks County community, with experience in various fields such as law, finance, marketing, community outreach, advocacy, diversity, the arts, etc. These individuals will be persons of integrity and insight, who demonstrate competence, drive, effectiveness, positivity, and the ability to collaborate. These individuals should display a passion for our organization and diligence to fulfill its mission, goals, and objectives. Singing participants of Opus One are not permitted to serve on the Board of Directors.

## **Structure:**

The Opus One Board may have up to fifteen Directors. Directors initially serve for either a 2, 3, or 4 year term and then may serve terms of 3 years. The Officers (President, Vice President, Secretary, and Treasurer) make up the Executive Committee. Officers serve for a term of 2 years. Both the Board of Directors and the Executive Committee meets monthly.

## **Responsibilities:**

*Members of the Board of Directors are responsible for...*

1. Determining the mission, vision, and objectives of the organization
2. Nominating and confirming new members of the Board of Directors
3. Appointing, supervising, and evaluating the Executive Director and Artistic Director
4. Authorizing the Executive Director to oversee the hiring of all other staff members
5. Strategic and organizational planning
6. Ensuring financial oversight and financial management
7. Fundraising, advancement, and development
8. Approving and monitoring the organization's program and services
9. Engaging with the local community and enhancing the organization's public image
10. Assessment of the Board of Directors' overall performance

## **Expectations:**

*Members of the Board of Directors are expected to...*

1. Know and uphold the principles and mission of Opus One and diligently work to further its goals and objectives
2. Faithfully read the organization's board minutes, financial statements, and all other relevant documents
3. Regularly attend meetings, fundraisers, concerts, and other events
4. Assist in identifying, securing, and maintaining new members of the Board of Directors
5. Assist in identifying, securing, and maintaining sources of revenue in the form of individual donations, corporate sponsorships, grants, ticket-sales, fundraising opportunities, etc.
6. Engage with the local community (arts and non-arts), foster fruitful partnerships, and develop meaningful collaborations
7. Conduct annual reviews of the Executive Director and Artistic Director
8. Make annual financial contributions, at a personally meaningful level
9. Annually sign a Conflict of Interest Policy

# CONFLICT OF INTEREST POLICY (As stated in Article 10 of the Opus One Bylaws)

## Section 1. Purpose of Conflict of Interest Policy

The purpose of this Conflict of Interest Policy is to protect this tax-exempt corporation's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the corporation or any "disqualified person" as defined in Section 4958(f)(1) of the Internal Revenue Code and as amplified by Section 53.4958-3 of the IRS Regulations and which might result in a possible "excess benefit transaction" as defined in Section 4958(c)(1)(A) of the Internal Revenue Code and as amplified by Section 53.4958 of the IRS Regulations. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

## Section 2. Definitions

**a. Interested Person.** Any director, principal officer, delegated powers, or any other person who is a "disqualified person" as defined in Section 4958(f)(1) of the Internal Revenue Code and as amplified by Section 53.4958-3 of the IRS Regulations, who has a direct or indirect financial interest, as defined below, is an interested person.

**b. Financial Interest.** A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

1. An ownership or investment interest in any entity with which the corporation has a transaction or arrangement;
2. A compensation arrangement with the corporation or with any entity or individual with which the corporation has a transaction or arrangement; or
3. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the corporation is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Section 3, paragraph B, a person who has a financial interest may have a conflict of interest only if the appropriate Executive Committee decides that a conflict of interest exists.

## Section 3. Conflict of Interest Avoidance Procedures

**a. Duty to Disclose.** In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with delegated powers considering the proposed transaction or arrangement.

**b. Determining Whether a Conflict of Interest Exists.** After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the committee meeting or meeting of the Board of Directors while the determination of a conflict of interest is discussed and voted upon. The remaining Board of Directors or Executive Committee members shall decide if a conflict of interest exists.

**c. Procedures for Addressing the Conflict of Interest.** An interested person may make a presentation to the Board of Directors, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

**d. Violations of the Conflicts of Interest Policy.** If the Executive Committee or Board of Directors has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

If necessary the Board of Directors will take the appropriate corrective action.

## Section 4. Compensation Approval Policies

A voting member of the Board of Directors who receives compensation, directly or indirectly, from the corporation for services is precluded from voting on matters pertaining to that member's compensation.

When approving compensation for directors, officers and employees, contractors, and any other compensation contract or arrangement, the Board of Directors shall also comply with the following additional requirements and procedures:

- a. the terms of compensation shall be approved by the Board of Directors or compensation committee prior to the first payment of compensation;

b. all members of the Board of Directors or Executive Committee who approve compensation arrangements must not have a conflict of interest with respect to the compensation arrangement as specified in IRS Regulation Section 53.4958-6(c)(iii), which generally requires that each member of the Board of Directors or Executive Committee member approving a compensation arrangement between this organization and a "disqualified person" (as defined in Section 4958(f)(1) of the Internal Revenue Code and as amplified by Section 53.4958-3 of the IRS Regulations):

1. is not the person who is the subject of the compensation arrangement, or a family member of such person;
2. is not in an employment relationship subject to the direction or control of the person who is the subject of the compensation arrangement;
3. does not receive compensation or other payments subject to approval by the person who is the subject of the compensation arrangement;
4. has no material financial interest affected by the compensation arrangement; and
5. does not approve a transaction providing economic benefits to the person who is the subject of the compensation arrangement, who in turn has approved or will approve a transaction providing benefits to the Board of Directors or Executive Committee member.

c. the Board of Directors shall obtain and rely upon appropriate data as to comparability prior to approving the terms of compensation. Appropriate data may include the following:

1. compensation levels paid by similarly situated organizations. "Similarly situated" organizations are those of a similar size, purpose, and with similar resources;
2. the availability of similar services in the geographic area of this organization;
3. current compensation surveys compiled by independent firms;
4. actual written offers from similar institutions competing for the services of the person who is the subject of the compensation arrangement;

As allowed by IRS Regulation 4958-6, if this organization has average annual gross receipts (including contributions) for its three prior tax years of less than \$1 million, the Board of Directors or Executive Committee will have obtained and relied upon appropriate data as to comparability if it obtains and relies upon data on compensation paid by three comparable organizations in the same or similar communities for similar services.

d. All data relating to the terms of compensation and the basis for approving them

#### **Section 7. Periodic Reviews**

To ensure the corporation operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted.

I \_\_\_\_\_, in my capacity and while serving as \_\_\_\_\_ for Opus One: Berks Chamber Choir, have read, understood, and will abide by the content, restrictions, obligations, and policies as presented in the Conflict of Interest Policy, as set forth by Article 10 of the Opus One Bylaws (enacted July, 2023).

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

#### **CONTACT INFORMATION**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

*\* A current (annual) copy of this signed Conflict of Interest Policy will be maintained, in an appropriate and approved manner, by the Secretary of the Board of Directors.*



## PARTICIPANT COMMITTEE INFORMATION

### **Information:**

#### *DESCRIPTION*

The Participant Committee, under the leadership of the Choirmaster, shall represent, act on behalf of, assist, and serve as leaders of the current participants in the organization and will assist the Executive Director and/or Artistic Director and Board of Directors in the fulfillment of the organization's mission, goals, and policies. The Participant Committee shall be comprised of no more than six of the organization's current participants, who will be nominated by any current participant and elected through majority vote of the total current participating roster.

#### *CHOIRMASTER*

The Choirmaster shall lead the Participant Committee. The Choirmaster must be a member of the Participant Committee and shall subsequently be appointed, after careful review and agreement, by both the President and Executive Director and/or Artistic Director. The Choirmaster will be an ex-officio non-voting member of the Board of Directors, who will represent the Participant Committee at monthly meetings, and provide a monthly report to the Board of Directors. The Choirmaster will preside over the election process of the members of the Participant Committee.

#### *ELECTION*

Members of the Participant Committee will be elected by the second month after the start of a new concert season and serve for a term of one year or until the conclusion of the current concert season. In the event of vacancy, the Choirmaster, or in his/her absence the Executive Director and/or Artistic Director, will preside over a new election as outlined above. Any current participant may be nominated for the Participant Committee. Members of the Participant Committee must remain a current participant for their entire term.

#### *MEETINGS*

The Participant Committee shall meet at least once per fiscal quarter, at an agreed upon date, time, and either online or at a designated location. Notice of these meetings will be given, by email, at least one week prior to the meeting by the Choirmaster to all members of the Participant Committee. No quorum is needed. The Choirmaster may or may not choose to create an agenda for these meetings. The Choirmaster shall be required to produce minutes or summary, of the meeting to the Secretary, for later report to the Board of Directors, Executive Director, and/or Artistic Director.

### **Expectations / Responsibilities:**

The Participant Committee, under the leadership of the Choirmaster, will assist with various duties relating to participant services, event production, fundraising, individual donations and corporate sponsorship, marketing, advancement, and any other duties which may arise from time to time and be submitted by the Executive Director and/or Artistic Director and approved by the Choirmaster.

# CORPORATE SPONSORSHIPS / PROGRAM ADS

## CORPORATE SPONSORS

### CONCERT SPONSOR (\$500)

- Recognition in all marketing materials (entire season)
- Free full-page ad included in all programs / Featured company logo on our website
- Verbal acknowledgment to audience during event
- Two free concert tickets (*to sponsored concert event, in person or online*)
- Two free Opus One T-shirts
- Ability to distribute company marketing materials at sponsored concert event

*Value of Goods/Services = \$400*

### SEASON SPONSOR (\$1,000)

- Recognition in all marketing materials (entire season)
- Free full-page ad included in all programs / Featured company logo on our website
- Verbal acknowledgment to audience during all season concert events
- Four free concert tickets (*to all season concert events, in person or online*)
- Two free Opus One T-shirts / Two free Opus One hoodies / Two Free Opus One Totes
- Ability to distribute company marketing materials at all season concert events

*Value of Goods/Services = \$750*

## PROGRAM ADVERTISING LEVELS & SPECIFICATIONS

### Program Ad Submission Deadlines

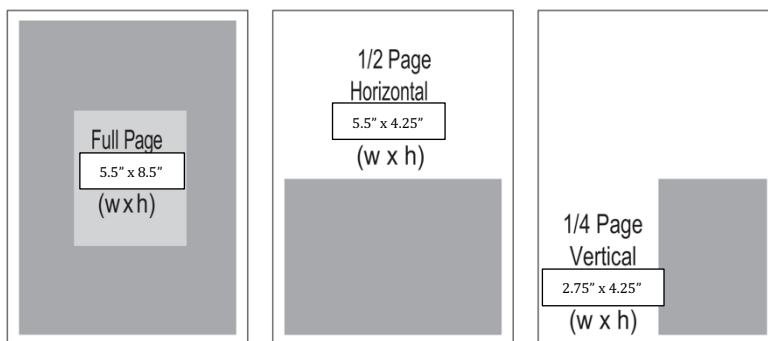
- All Program Ads must be received by October 1, 2025 to be included in Fall Programs
- All Program Ads must be received by March 1, 2026 to be included in Spring Programs

*Note:* Ads will also be featured in the corresponding online events

### AD SPECIFICATIONS & PRICING

- All Ads will be Black & White
- PDF Format is preferred

- Full Page (back cover) = \$250
- Full Page (internal) = \$200
- 1/2 Page (horizontal) = \$100
- 1/4 Page (vertical) = \$75
- Business Listing = \$50\*



\*Business Listing: Business' Name and Contact Info (single program line)

Please send all PDFs to our Program Contact: [info@OpusOneChamberChoir.com](mailto:info@OpusOneChamberChoir.com)



**Opus One: Berks Chamber Choir**  
PO Box 6332  
Wyomissing, PA 19610  
[info@OpusOneChamberChoir.com](mailto:info@OpusOneChamberChoir.com)

## **CORPORATE SPONSOR / PROGRAM AD FORM SEASON 14 2025-2026**

Organization\_\_\_\_\_

Contact\_\_\_\_\_ Title\_\_\_\_\_

Address\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Telephone\_\_\_\_\_ Email\_\_\_\_\_

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### **CORPORATE SPONSOR LEVELS**

Please select your company's desired sponsorship level.

- ☐ CONCERT SPONSOR = \$500
- ☐ SEASON 14 SPONSOR = \$1,000

**\*Note:** Both sponsorship levels include concert program advertising. Only complete this section ("Corporate Sponsor Levels"). There is no need to complete the section below ("Program Advertising"). Send your desired graphic to the email provided.

Please contact [info@OpusOneChamberChoir.com](mailto:info@OpusOneChamberChoir.com) for more information about Corporate Sponsorship.

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### **PROGRAM ADVERTISING LEVELS**

Please select your company's desired program ad size.

- ☐ Full Page (back cover) = \$250 (5.5" x 8.5")
- ☐ Full Page (internal) = \$200 (5.5" x 8.5")
- ☐ 1/2 Page (horizontal) = \$100 (5.5" x 4.5")
- ☐ 1/4 Page (vertical) = \$75 (2.75" x 4.25")
- ☐ Business Listing = \$50

For information about Program Ads or to send PDFs, please contact - [info@opusonechamberchoir.com](mailto:info@opusonechamberchoir.com)

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Check Enclosed for \$\_\_\_\_\_ (Make check payable to "Opus One" and send to the address listed above)

Authorized Representative \_\_\_\_\_ Date\_\_\_\_\_

Signature\_\_\_\_\_

*Opus One reserves the right to approve or reject all advertisements, while the advertiser assumes responsibility for the content of the advertisement.*

# OPUS ONE: BERKS CHAMBER CHOIR

## CHILD WELFARE AND ABUSE PREVENTION POLICY

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### BACKGROUND AND PURPOSE

In compliance with the Child Protective Services Law and Pennsylvania 2015 Act 15, Opus One: Berks Chamber Choir requires any adult (employee, staff, director, accompanist, contractor or volunteer) with routine responsibility for the welfare of children (under 18) in the course of Opus One programs and activities to provide clearances mandated by law for the primary purpose of safe-guarding the children in our care.

This policy is established to specifically protect the children served by Opus One: Berks Chamber Choir and its programs from child abuse and to provide guidance to facilitate compliance with Pennsylvania’s Child Protective Services Law, as it now exists and as it may be amended in the future (CPSL) by Opus One. This policy is applicable to all Opus One employees, staff, directors, accompanists, contractors, volunteers and anyone who is in a position of authority, acting on behalf of Opus One, with responsibility for the wellbeing of children. This policy is meant to apply and be followed at any Opus One sponsored activity, event, or program. Except as expressly stated, this policy applies only to activities related to Opus One. Anyone with specific questions concerning the CPSL should consult with an attorney.

Child abuse is damage to a child for which there is no reasonable explanation. Child abuse includes non-accidental physical injury, neglect, sexual molestation, emotional abuse, and child-on-child sexual abuse and “bullying.” It has become a critical national concern, as the reported incidents of both physical and sexual abuse is on the rise. A list of indicators for each of these types of abuse is provided in this policy to assist staff and volunteers in recognizing signs of child abuse.

All appropriate clearances for all prospective employees, staff, directors, accompanist, contractors and volunteers must be provided, documented, and filed prior to employment or engagement in volunteer activities.

All required clearances must be no older than 48 months when submitted, and must be renewed every 60 months. Clearances and certifications obtained by a person for employment and/or volunteer purposes with some other organization may be used for Opus One, unless prohibited by law, if recent enough.

## BACKGROUND CLEARANCES AND CERTIFICATIONS

### *Required Clearances and Certifications*

All Opus One employees/staff/directors/accompanist/contractors/ volunteers in positions of authority, with routine direct contact and who are charged with their wellbeing, require the clearances listed below. They are to be obtained by the individual and provided to Opus One for filing as a condition prior to engagement in Opus One activities.

1. PA State Police Criminal History Report
2. PA Department of Human Services Child Abuse History Certification
3. FBI Criminal History Report

Potential employees/staff/directors/accompanist/contractors/volunteers who do not consent to obtain the required clearances or who refuse to provide necessary information or information that proves false or misleading will not be allowed to engage in Opus One activities that involve children under 18 years old.

### *Limitations to Involvement*

A person convicted of one or more of the offenses (or the “attempt, solicitation or conspiracy to commit” the offense) listed below, under Title 18 of Pennsylvania’s consolidated statutes (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state, will not be allowed to positions of Opus One employee/staff/director/accompanist/ or volunteer.

Aggravated assault	Involuntary deviate sexual intercourse
Aggravated indecent assault	Kidnapping
Concealing death of child	Obscene and other sexual materials and performances
Corruption of minors	Prostitution & related offenses (felony)
Criminal homicide	Rape
Dealing in infant children	Sexual abuse of children
Endangering the welfare of a children	Sexual assault
Incest	Stalking
Indecent assault	Statutory sexual assault
Indecent exposure	Unlawful restraint

Or:

Felony drug offense committed **within the five-year** period immediately preceding verification under this section  
Named/registered as a perpetrator of a Founded report of child abuse **within last 5 years.**

## Obtaining Clearances:

1. Pennsylvania Criminal Record Checks for Volunteers (SP4-164A)
2. Pennsylvania Child Abuse History Clearances (CY113)
3. Federal Bureau of Investigations (FBI) Criminal Background Checks OR completed Disclosure Statement

**Fees:** Opus One will reimburse all parties for any expenses incurred from obtaining clearances.

### 1. PA State Police Criminal History Report

- a. Go to <https://epatch.state.pa.us> and follow the instructions on the website
- b. Follow the instructions on the website
- c. Print and save a copy of the clearance.
- d. Clearance certification must be reviewed by Opus One for verification of authenticity, and a copy made, initialed and dated by the Executive Director/Board President and the original given back to the individual

### 2. PA Department of Human Services Child Abuse History Clearance

- a. Go to [Child Welfare Portal](#) and follow the instructions on the website.
- b. Print and save a copy of the clearance (A copy can be obtained through the mail also.)
- c. Clearance certification must be reviewed by Opus One for verification of authenticity, and a copy made, initialed and dated by the Executive Director/ Board President and the original given back to the individual.

### 3. FBI Criminal History Report or Affidavit - FINGERPRINT

- A. Registration is available online at <https://uenroll.identogo.com/>
  - Click on **GET FINGERPRINTED** in the upper right hand corner of the webpage.
  - Select Digital Fingerprinting under Enrollment Services in the lower left corner of the webpage.
  - Enter the appropriate service code from the list:

SERVICE CODE	APPLICANT TYPE	DEPARTMENT
<a href="#">1KG756</a>	Opus One Staff/Volunteer	Department of Human Services

- During the registration process, all demographic data for the applicant is collected (name, address, Social Security number, etc.). There is no data entry required at the fingerprint collection site.
- You will be informed of the allowable valid, unexpired identification documents that you will need to provide as proof of identify when being fingerprinted. Your legal name must match exactly on all identification documents brought to enrollment.

#### B. Payment

- There are several methods of payment: authorization code, money order, check, and credit card. Money orders and checks should be made payable to MorphoTrust.

C. Fingerprinting

- Appointments are strongly encouraged, and pre-registration is required. Once registered, applicants can walk-in during a location's posted hours of operation, but scheduling an appointment may lead to lesser/no wait times. Scheduled appointments take precedence over walk-ins.
- Applicants should use <https://www.identogo.com/locations/pennsylvania> to find a location.
- During the registration process, you will be informed of what type of identification is required when you go to the printing center. Typically, this is a driver's license or a passport.
- After the identity of the applicant has been established, all ten fingers are scanned electronically to complete the process. The entire fingerprint capture process should take no more than three to five minutes.

D. Receipt of the Clearance

- The applicant should receive the FBI Clearance within 4-6 weeks. If it is not received in this time frame, call 717-783-6211.
- The FBI Clearance will be sent to the applicant. The record will be printed on standard 8.5x11 paper with the Commonwealth Seal embedded on the paper.

E. Provide the FBI Clearance to Opus One upon receipt.

*NOTE: The FBI Criminal History Report is not required for incumbent or prospective volunteers who have resided in Pennsylvania continuously for a period of 10 years prior to becoming a volunteer or applying for volunteer status and who sign a Disclosure Statement Application for Volunteers affidavit affirming that they have not committed certain crimes that otherwise would prohibit them from being a volunteer responsible for the welfare of a child or having direct contact with children.*

## CODE OF CONDUCT FOR WELFARE OF CHILDREN

### ***Conduct for In-Person Learning***

1. A child shall never be abused by an employee, staff member, director, accompanist, volunteer, board member or contractor (hereafter collectively referred to as Opus One Representatives). Opus One has a zero tolerance policy and abuse of any kind may be cause for immediate termination or removal from their position. Abuse may include physical, verbal, sexual, mental abuse as well as neglect.
2. During Opus One activities, all Opus One representatives should whenever feasible avoid being alone with an individual child to whom they are not biologically or otherwise legally related. Whenever feasible, there should always be two adults in the presence of children and that both are clearly visible to the other at all times. Opus One Representatives should preferably conduct or supervise private activities in pairs.
3. Representatives of Opus One shall never leave a child unsupervised in an inappropriate or risky situation.
4. Physical restraint is allowed only in emergency situations where it is necessary to protect a person or property from harm. Any restraint will only be administered in an appropriate manner and must be documented in writing as soon as possible.
5. Opus One Representatives shall not release children to anyone other than the authorized parent, guardian or other authorized adult. Except in emergencies, written authorization should be on file at Opus One by the parent or guardian.
6. Opus One Representatives will respect each child's right to not be touched in ways that make a child feel uncomfortable, and the child's right to say no.

## ***Conduct for Virtual Learning***

1. All meetings will be password protected. Participants will be sent the necessary codes for each meeting. Directors will control access to all virtual meetings. Authorized persons will be granted access through waiting rooms. After all participants are present, meetings will be locked.
2. No recording (audio or visual) is strictly prohibited during any online meeting. Directors alone will control screen sharing. Only public chatting will be permitted. No private conversations will be allowed.
3. The sharing of personal and/or confidential information is prohibited.
4. Inappropriate behavior and/or language will not be tolerated.
5. Cyber bullying, racism, sexism, homophobia, and other forms of discrimination will not be tolerated. The Directors or members of the Opus One board will deal with these situations swiftly.
6. Parents/Guardians will be copied on all electronic communication with minors. At no time will anyone representing Opus One contact a minor without also sending a copy of the message to the minor's parent/guardian.

## **MANDATORY REPORTING**

All employees, staff, directors, accompanists, contractors, volunteers and any individual who participates in a program on behalf of Opus One in a position that includes responsibility for the wellbeing of children, are considered mandated reporters and are required to report suspected child abuse if they have reasonable cause to suspect that a child is a victim of child abuse:

A mandated reporter must make an immediate report of suspected child abuse if they have reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:

- The mandated reporter comes into contact with the child in the course of employment, occupation and practice of a profession or through a regularly scheduled program, activity or service.
- The mandated reporter is directly responsible for the care, supervision, guidance or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization or other entity that is directly responsible for the care, supervision, guidance or training of the child.
- A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.
- An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse.

Mandated reporters shall report immediately to ChildLine and then thereafter notify the Executive Director/President of Opus One. Under the CPSL, a mandated reporter who willfully fails to report suspected child abuse can be subject to criminal and civil penalties. Reports can be submitted electronically at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) or by calling 1-800-932-0313. If the initial report is made via telephone, the reporter must follow up with a written report within 48 hours.



**APPENDIX A - DISCLOSURE STATEMENT**  
**APPLICATION FOR EMPLOYMENT, INCLUDING PROVISIONAL EMPLOYMENT**  
**Required by the Child Protective Service Law**

**23 Pa. C.S. Section 6344 (relating to employees having contact with children; adoptive and foster parents)**

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from employment 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 equivalent crime 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.

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.

I understand that I must be dismissed from employment 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.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying employment or 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 employment or 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. 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 termination or denial of employment.

I understand that certifications obtained for employment purposes may be used to apply for employment, serve as an employee, apply to volunteer and serve as a volunteer.

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: \_\_\_\_\_

**If the employee is a minor:**

Parent/Legal Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

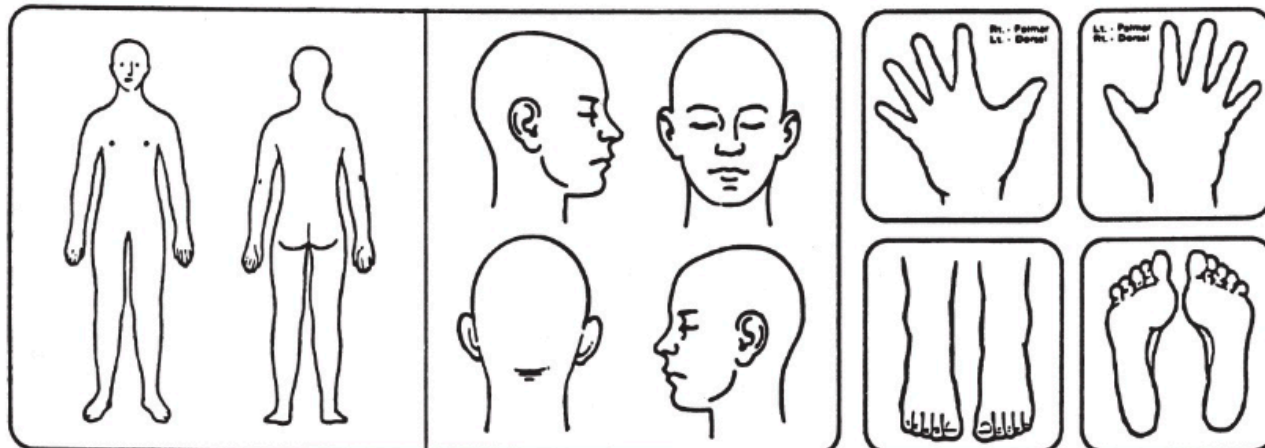
Date: \_\_\_\_\_

## APPENDIX B - REPORT OF SUSPECTED CHILD ABUSE See next two pages.

### REPORT OF SUSPECTED CHILD ABUSE (CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)

PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE, PLEASE PRINT OR TYPE

1. NAME OF CHILD (Last, First, Initial)		SSN	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (State, City, State & ZIP Code)			COUNTY	
1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE			COUNTY	
2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
4. OTHER PERSON RESPONSIBLE FOR CHILD		SSN	BIRTHDATE	RELATIONSHIP TO CHILD <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.
5. ALLEGED PERPETRATOR (Last, First, Initial)		SSN	BIRTHDATE	RELATIONSHIP TO CHILD <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.
NAME OF ALLEGED PERPETRATOR'S EMPLOYER AND EMPLOYER'S ADDRESS				
6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names) NAME (Last, First, Initial)		RELATIONSHIP TO CHILD	NAME (Last, First, Initial) RELATIONSHIP TO CHILD	
A.			D.	
B.			E.	
C.			F.	
ADDRESS WHERE THE SUSPECTED ABUSE OCCURRED			COUNTY	
DESCRIBE THE NATURE AND EXTENT OF THE SUSPECTED CHILD ABUSE, INCLUDING ANY EVIDENCE OF PRIOR ABUSE TO THE CHILD OR ANY SIBLING OF THE CHILD. ALSO INCLUDE ANY EVIDENCE OF PRIOR ABUSE BY THE ALLEGED PERPETRATOR(S) TO OTHER CHILDREN. PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.			DATE OF INCIDENT	



<b>7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY THE PERSON MAKING THE REPORT:</b>			
<input type="checkbox"/> NOTIFICATION OF CORONER OR MEDICAL EXAMINER	<input type="checkbox"/> X-RAYS	<input type="checkbox"/> PHOTOGRAPHS	<input type="checkbox"/> HOSPITALIZATION
<input type="checkbox"/> POLICE NOTIFIED	<input type="checkbox"/> MEDICAL TEST(S)	<input type="checkbox"/> TAKEN INTO PROTECTIVE CUSTODY	<input type="checkbox"/> OTHER (Specify)
<b>8. SAFETY CONCERNS AND RISK FACTORS:</b>			
<b>A. DESCRIBE THE CHILD(REN)'S PHYSICAL AND BEHAVIORAL HEALTH, GOOD MOOD AND TEMPERAMENT. DESCRIBE CHILD(REN)'S INTELLECTUAL FUNCTIONING, COMMUNICATION AND SOCIAL SKILLS, SCHOOL PERFORMANCE AND PEER RELATIONS. INCLUDE WHETHER THE CHILD(REN) HAS EXPRESSED ANY SUICIDAL/HOMICIDAL IDEATION OR PLANS.</b>			<input type="checkbox"/> INFORMATION UNKNOWN
<b>B. DESCRIBE HOW THE ADULT CAREGIVERS FUNCTION COGNITIVELY, EMOTIONALLY, BEHAVIORALLY, PHYSICALLY AND SOCIALLY. INCLUDE WHETHER THE ADULTS HAVE ANY MENTAL HEALTH, SUBSTANCE USE ISSUES AND/OR CRIMINAL HISTORY. DOCUMENT ANY PAST OR PRESENT DOMESTIC VIOLENCE. RECORD THE EMPLOYMENT STATUS/SOURCE OF INCOME AND WHETHER THERE ARE ANY FINANCIAL STRESSORS IN THE HOME. INCLUDE ANY SAFETY OR SANITARY CONCERNS REGARDING THE CONDITIONS OF THE HOME AND WHETHER THERE ARE WORKING UTILITIES. WHAT IS THE PRIMARY LANGUAGE OF THE HOUSEHOLD?</b>			<input type="checkbox"/> INFORMATION UNKNOWN
<b>C. DESCRIBE WHETHER THE CAREGIVERS HAVE THE APPROPRIATE KNOWLEDGE, EXPECTATIONS AND SKILLS TO PARENT THE CHILD(REN) ADEQUATELY. DOES THE CAREGIVER ADEQUATELY SUPERVISE THE CHILD(REN)? ARE THEY WILLING AND ABLE TO PROTECT THE CHILD(REN)? DESCRIBE THE ABILITY OF THE CAREGIVER TO EMPATHIZE, NURTURE AND ADVOCATE FOR THE CHILD(REN).</b>			<input type="checkbox"/> INFORMATION UNKNOWN
<b>D. DESCRIBE THE CAREGIVERS' APPROACH/METHODS OF DISCIPLINING THE CHILD(REN). DESCRIBE WHEN DISCIPLINE OCCURS AND WHETHER DISCIPLINARY METHODS ARE AGE-APPROPRIATE? ARE THERE ANY CULTURAL PRACTICES IN THE HOME THAT WOULD INFLUENCE THE DISCIPLINARY METHODS USED?</b>			<input type="checkbox"/> INFORMATION UNKNOWN
<b>E. PLEASE PROVIDE ANY ADDITIONAL INFORMATION RELEVANT TO THE INVESTIGATION PROCESS THAT HAS NOT ALREADY BEEN ENTERED IN THIS REFERRAL. THIS MAY INCLUDE ADDITIONAL ADDRESSES TO LOCATE THE CHILD OR PERPETRATOR, ADDITIONAL RESOURCES FOR THE CHILD, EMAIL ADDRESSES, INFORMATION ABOUT ANY WEAPONS IN THE HOME OR CONCERNS YOU MAY HAVE FOR THE CASEWORKER'S SAFETY.</b>			<input type="checkbox"/> INFORMATION UNKNOWN

**INSTRUCTIONS TO MANDATED PERSONS:**

A mandated reporter making an oral report of suspected child abuse to the department via the Statewide toll-free telephone number (800-932-0313) must also make a written report, which may be submitted electronically, within 48 hours to the department or county agency assigned to the case by using this form. If needed, attach additional sheet(s) of paper to provide all of the requested information on this form.

**NOTE:**

If the child has been taken into custody, you must immediately contact the county children and youth agency where the abuse occurred.

<b>REPORTING SOURCE:</b>			
PRINTED NAME AND SIGNATURE:			DATE OF REPORT:
ADDRESS:			
TITLE OR RELATIONSHIP TO CHILD:	FACILITY OR ORGANIZATION:	TELEPHONE NUMBER:	EMAIL ADDRESS:

## **APPENDIX C – POLICY ACKNOWLEDGMENT**

I have received a copy of Opus One Child Abuse Welfare and Abuse Prevention Policy, including its Code of Conduct for Welfare of Children. I have been given the opportunity to ask any questions I might have on Opus One policies and procedures, and advised to seek the advice of an attorney for any specific questions I have regarding Pennsylvania's Child Protective Services Law. I understand and acknowledge that I am responsible to follow all of the policies and procedures described therein.

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

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

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