SCHOOL DISTRICT

VOLUNTEER APPLICATION (FOR POSITION VOLUNTEERS ONLY)

Complete this form and necessary clearances for volunteer activities where you will be responsible for the care, supervision, guidance or control of children, and will have routine interaction with children. For further clarification, refer to the Volunteer Guidelines on the District's website under the Departments tab. Begin this process at least three weeks prior to the activity in order for all clearances to be obtained. Submit this sheet, along with all necessary clearances, to the school's main office. Please submit all documents together.

Name	······································	Gender	Date of Birth	Social Security # (last four digits)			its)
Address			City	St	ate		Zip Code
Phone	Cell			Email			
School Year	School Building		Staff Member You Will Be Working With				
Volunteer Assignment(s)	· · · · · · · · · · · · · · · · · · ·					<u>.</u>	
Emergency Contact Informa	tion:						
Name		Phone		Re	elationship		
Child Abuse, PA Criminal, a more years, the FBI fingerph been convicted of any crime Do you affirm that you have on the back of this form? If you answered yes and have clearance. After completing this form,	rint background , in another state ve not been con Yes re lived in PA for	clearance e, similar victed of No r 10 or m	e may be want to the convi	ived if you are ctions listed of in another star # of Years a ou do not need	able to affirm the back of te, similar to the s a PA Reside to complete t	n that you he this form. The conviction the factoria in the f	ons listed
Volunteer's Signature					Date	;	
This section to be completed by Princip	pal/Athletic Director		□ Recomn	nended	□ Not Recom	ımended	
Principal's/Athletic Director's Signatur	·e				Date		
This section to be completed by Human	i Resources	PA Crimii	Backgrour nal History	nd Clearances R □ PA Child A	Lequired: Abuse History	□ Yes □ FBI Fi	□ No ngerprint
Director of Human Resources Signature	e				- Date	e	