  **VOLUNTEER APPLICATION FORM**

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| --- | --- | --- | --- | --- | --- | --- |
| Name  Date of Birth      Address  City  State PA Zip  Home Phone (xxx) xxx-xxxx Cell Phone (xxx) xxx-xxxxEmail Address  Preferred Contact [ ] Home Phone [ ]  Cell Phone [ ]  EmailPlease select the option that best represents your affiliation with ELCO:[ ]  Parent/Guardian? Student(s) Name/Grade      [ ]  Other, Describe      Emergency Contact Name       Relationship      Emergency Contact Phone      Please select the schools where you are requesting to volunteer.

|  |  |  |
| --- | --- | --- |
| [ ]  Fort Zeller Elementary[ ]  Jackson Elementary | [ ]  Intermediate School | [ ] Middle School[ ]  High School |

Please indicate the areas where you would like to volunteer.

|  |  |  |
| --- | --- | --- |
| [ ]  Classroom[ ]  Field Trips[ ]  Office/Clerical | [ ]  Cafeteria[ ]  Playground | [ ]  Coaching[ ]  Other       |

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  **VOLUNTEER APPLICATION FORM (Continued)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please select the days/times you wish to volunteer (if applicable).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Restrictions and/or Accommodations**Please list any restrictions you may have and/or accommodations you require:

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**Volunteer Handbook** As a condition of volunteering in any District building, the volunteer’s signature on this application form acknowledges: * Understanding and agreement to the guidelines established in this ELCO Volunteer Handbook.
* Understanding and agreement to the ELCO School District’s policies that relate to volunteers.
* Agreement to the guidelines established by the school building(s) for volunteers.

**Recognizing and Reporting Suspected Child Abuse**As a condition of volunteering in any District building, the volunteer’s signature on this application form acknowledges that I have completed the Recognizing and Reporting Suspected Child Abuse ([www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu/)) within the last five years, and that it is my responsibility to renew and complete this training every five years. Furthermore, I understand that it is my responsibility to immediately and directly report any suspected child abuse to ChildLine (<https://www.compass.state.pa.us/cwis> or 1-800-932-0313). Volunteer Name (please print)      Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date       |
| **OFFICE USE ONLY**

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| --- | --- |
| 🔲 Volunteer Application🔲 PA Criminal Background History🔲 PA Child Abuse History🔲 Affidavit Form or FBI Fingerprint Check | 🔲 Recognizing and Reporting Child Abuse Certificate🔲 Board Approval Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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