  **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-xxxx  Email Address  Preferred Contact Home Phone  Cell Phone  Email  Please 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 |   Please continue to second page ➜ |

**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:   |  | | --- | |  |   **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**   |  |  | | --- | --- | | 🔲 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |