

Conneaut School District
219 West School Drive
Linesville Pennsylvania 16424
Telephone: 814-382-5900

*Activity
Advisor*

Supplemental Position Information Sheet

1. Name _____

2. Address _____ City _____ State _____ Zip Code _____

3. Home Telephone Number _____ Cell Number _____
Work Telephone Number _____ Email Address _____

4. Who/what is your present employer/employment? _____

5. Activity you wish to be the advisor for: _____

6. Why are you interested in this activity? _____

7. What are your qualifications to activity and what skills do you bring? _____

8. All individuals who work with children in the State of Pennsylvania must secure a Pennsylvania State Police Criminal Record Check, a Pennsylvania Child Abuse History Clearance through the Department of Public Welfare and a Federal Criminal History Record Check.

Do you hold current background checks: _____ PA State Police Criminal Record Check Act 34
--- (Please answer yes or no) ----- _____ PA Child Abuse History Clearance – Act 151
_____ Federal Criminal History Record Check Act 114
Fingerprint

9. CPR Certification Current _____ No _____ Yes if yes, expiration date _____

10. Approvals

Principal

Date

Superintendent

Date

Date of Board Approval ___/___/___

ACTIVITY ADVISOR
Conneaut School District
SUPPLEMENTAL CONTRACT REQUEST

Please add the following name :

For the position of: _____

School: _____

Address:

Street _____

City _____, State _____ Zip Code _____

For Central Office use Only:

Clearances viewed Act 34 _____ (date) _____ (already on file)

Act 151 _____ (date) _____ (already on file)

Act 114 _____ (date) _____ (already on file)

CPR : Yes _____ (date) No _____

Form must be submitted to the Superintendent's Office