

STROUDSBURG AREA SCHOOL DISTRICT  
123 Linden Street  
Stroudsburg, PA 18360

**APPLICATION FOR VOLUNTEER SERVICE**

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

PLEASE INDICATE THE TYPE OF VOLUNTEER SERVICE YOU WILL BE RENDERING:

\_\_\_\_\_  
\_\_\_\_\_

BUILDING IN WHICH YOU WILL BE SERVING:

\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Building Principals/Supervisors:** Send your recommendation to the Assistant Superintendent for Personnel for approval by the Board of School Directors. At the end of the school year, the Building Principal/Supervisor must send a list of names to the Business Office and request funds to reimburse the volunteers for the cost of the Act 34 (state police) and Act 151 (child abuse) clearances. Copies of the Act 34, Act 151, FBI clearances and TB test should be maintained in your building/office.

Original Act 34 viewed and copied:	(date) _____	(by) _____
Original Act 151 viewed and copied:	(date) _____	(by) _____
Original FBI report reviewed on-line:	(date) _____	(by) _____
TB test received	(date) _____	(by) _____

**Clearances for new volunteers must be less than one year old at the time of Board approval. TB test must be less than three months old. If volunteer service is continued year-to-year with Board approval, clearances and TB test do not need to be renewed.**

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