

STROUDSBURG AREA SCHOOL DISTRICT  
123 Linden Street  
Stroudsburg, PA 18360

**APPLICATION FOR VOLUNTEER SERVICE**  
**ATHLETICS / ACTIVITIES**

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

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

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

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

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

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

SPORTS / ACTIVITY IN WHICH YOU WILL BE SERVING:

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

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

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

**Office Use Only:**

Original Act 34 viewed and copied:	(date) _____	(by) _____
Original Act 151 viewed and copied:	(date) _____	(by) _____
FBI fingerprint clearance reviewed on-line:	(date) _____	(by) _____
TB test received:	(date) _____	(by) _____
Concussion Wise Certificate:	(date) _____	(by) _____
Cardiac Wise Certificate:	(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.