

# GREAT VALLEY SCHOOL DISTRICT VOLUNTEER APPLICATION

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

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

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

**HOME PHONE #:** \_\_\_\_\_ **WORK PHONE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE of BIRTH:** **MM/DD/YYYY** \_\_\_\_\_

What hobbies, special interests or skills could you share?

\_\_\_\_\_

Is there some specific activity in which you would like to participate? Please explain:

\_\_\_\_\_

Are you particularly interested in working with students with special needs, (mentally or physically challenged, English as a second language)?

\_\_\_\_\_

Do you prefer to help with short-term projects (one time need)?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are you interested in volunteering on a weekly basis or more?

\_\_\_\_\_

When are you available for volunteering?

**DAYS:** \_\_\_\_\_

**TIMES:** \_\_\_\_\_

Do you prefer a particular school location? (Please check all that apply)

- |                               |                             |
|-------------------------------|-----------------------------|
| 1. Charlestown Elementary     | 2. K.D. Markley Elementary  |
| 3. General Wayne Elementary   | 4. Sugartown Elementary     |
| 5. Great Valley Middle School | 5. Great Valley High School |
| 6. District Office            | 7. No Preference            |

What else would you like to tell us about you, your interests, and your needs as a volunteer?

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Are you a senior citizen (age 60 or older) who is interested in our property tax rebate program?

YES \_\_\_\_\_ NO \_\_\_\_\_

**REFERENCES:** Please list the names and addresses of 2 friends or co-workers who would be willing to attest to your good character:

1.

2.

**I hereby certify that I will observe the strictest code of confidentiality and will consider all information gathered while working with school children and personnel private and not be the subject of conversation with other people. I agree to comply with school district rules, regulations and policies and I certify that the information contained in this is correct.**

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**Signature**

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**Date**

Chapter 25 (Relating to Criminal Homicide)  
Section 2901 (Relating to Kidnapping)  
Section 3121 (Relating to Rape)  
Section 3123 (Relating to Involuntary Sexual Intercourse)  
Section 3127 (Relating to Indecent Exposure)  
Section 4304 (Relating to Endangering Welfare of Children)  
A Felony Offense under Section 5902 (B)  
(Relating to Prostitution and Related Offenses)  
Section 6301 (Relating to Corruption of Minors)

Section 2702 (Relating to Aggravated Assault)  
Section 2902 (Relating to Unlawful Restraint)  
Section 3122 (Relating to Statutory Rape)  
Section 3126 (Relating to Indecent Assault)  
Section 4303 (Relating to Concealing Death of  
Child Born Out of Wedlock)  
Section 5903 (C) or (D) (Relating to Obscene  
and other Sexual Materials)  
Section 6312 (Relating to Sexual Abuse of  
Children)

I certify the above information is true and complete and understand that, once submitted, this Statement becomes the District's property. I understand this Statement is made subject to the penalties of 18 PA C.S. S4904 relating to unsworn falsification to authorities. I understand that, if employed, falsified responses on this statement or any supplement thereto shall be considered sufficient cause for dismissal.

11/23/2021

1. Volunteers are required to undergo a tuberculosis examination in accordance with the regulations of the Pennsylvania Department of Health. We ask that you make arrangements with your private physician for a Tuberculin Test (PPD) and return documentation to the Communications Office.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**This application may be returned via email to: [rdewey@gvgsd.org](mailto:rdewey@gvgsd.org)**