



**HOLLIDAYSBURG AREA SCHOOL DISTRICT**  
**405 Clark Street**  
**Hollidaysburg, PA 16648**  
**Phone (814) 695-5585; Fax (814) 695-2315**  
**www.hasdtigers.com**  
**VOLUNTEER APPLICATION**

**PERSONAL DATA**

**Name:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

\_\_\_\_\_

**Cell Telephone:** \_\_\_\_\_

\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**BACKGROUND**

**CURRENT EMPLOYMENT:**

\_\_\_\_\_

**COACHING/YOUTH EXPERIENCE:**

\_\_\_\_\_

**REFERENCES:**

Name / Title	Address / Telephone Number
1.	
2.	
3.	

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Checklist of Required Items**

- \_\_\_\_\_ Current Act 34 Clearance (Criminal Background)
- \_\_\_\_\_ Current Act 151 Clearance (Child Abuse)
- \_\_\_\_\_ Current FBI Clearance if volunteer has not lived in PA for at least 10 years
- \_\_\_\_\_ **Affidavit**
- \_\_\_\_\_ TB Test (within 3 months of approval)
- \_\_\_\_\_ Act 126 (Mandated Reporters of Child Abuse Training)
- \_\_\_\_\_ **Volunteer Disclosure**