

AVELLA AREA SCHOOL DISTRICT

VOLUNTEER APPLICATION

Name: _____
Street Address: _____
City/State/Zip _____
Email Address: _____
Phone Number: _____
Emergency Contact Person/Telephone Number: _____

The District provides insurance secondary to the volunteer's medical insurance.
Medical Insurance Carrier: _____
Insurance Group Number: _____

The following Certifications *must* be attached to this form, if not on file in the Central Administration Office:

- 1. PA Child Abuse History Clearance (Act 151)
- 2. PA State Police Criminal Record Check (Act 34)
- 3. Disclosure Statement for Volunteers required by Child Protective Services
- 4. Federal Criminal History Record - Fingerprinting (Act 114), if applicable

New Certifications must be submitted every sixty (60) months, and must not be set to expire during the school year for which permission to volunteer is sought. See Policy 916 for more information on the requirements for providing the Certifications.

I hereby certify that I have received a copy of District Policy No. 916 "School Volunteers", and that I have read, understand and will abide by all laws and regulations governing school volunteers as now or may in the future be in place.

Signature of Volunteer

Date

Signature of Principal

Date

Date Board Approved: _____

Please visit the District's website (www.avellasd.org) to review the School Volunteer Policy, Volunteer Application, and links to Certifications/Clearances. The "School Volunteer" section can be found under the "District" link.