

PLEASANT VALLEY SCHOOL DISTRICT

Volunteer Application

Name: _____ Phone Numbers: Day: _____

E-mail Address: _____ Cell: _____

Address: _____
 (Street) (City) (State) (Zip)

I would like to volunteer at _____ for the 20____ - 20____ school year.
 (Name of School Building)

List the particular program or activity for which you would like to volunteer: _____

TO BE COMPLETED BY NEW VOLUNTEERS OR VOLUNTEERS THAT HAVE NOT BEEN APPROVED FOR THE PROGRAM REQUESTED WITHIN THE LAST SCHOOL YEAR*:

Have you had a Tuberculosis test over the past three (3) months? YES NO
 If **YES**: Provide documentation of the results with this application
 If **NO**: **Please see the school administrator prior to volunteering**

Do you have current (less than one (1) year from the date of issue) Act 34, 151 and FBI 114 clearances? YES NO
 If **YES**: Provide documentation of the results with this application
 If **NO**: **Please see the school administrator prior to volunteering**

***NOTE: Volunteers who have been approved for the requested program and have already satisfied these requirements do not need to complete this section.**

- I have **properly completed and submitted Form PDE-6004** and **I agree to report to the building principal** in charge of the requested program or activity **within seventy-two (72) hours** should I be **arrested or convicted of any crime**.
- I have read and understand **Board Policy No. 916. School Volunteers**.
- As a volunteer to the Pleasant Valley School District (District), I understand that I am **not an employee** and will not receive any monetary compensation for the work that I perform.
- I understand that I am **not entitled to workers' compensation or group medical and hospital benefits** from the District. My personal insurance will apply while I am serving as a volunteer.
- I understand that the District **does not provide auto insurance coverage** for my personal vehicle and assumes **no** responsibility for any vandalism or loss regarding such. My personal insurance will apply to my vehicle if I use it while I am serving as a volunteer.
- I agree to follow all safety rules and all instructions from my supervisor. I understand that if I do not follow such rules and/or instructions, I may be terminated as a District volunteer without formal or due process proceedings.
- **My signature below** indicates that I understand the conditions stated above, that I have been provided the above-mentioned policy, that I will follow all applicable rules, procedures, policies and instructions, and that all information provided by me is **true, complete and correct** to the best of my knowledge and belief and are made in good faith.

 (Signature of Volunteer)

 (Date)

FOR SCHOOL DISTRICT USE ONLY:

Volunteer is a: (circle one) Building Volunteer Position Volunteer Athletic Volunteer

 (Administrative Signature)

 (Date)