Northern York County School District
Volunteer Information Form

The Northern York County School District welcomes and encourages volunteers in its schools and classrooms. For the safety of District students and staff members, all volunteers must complete the Volunteer Information Form prior to having contact with students. Please refer to Board Policy 916 and the Volunteer Handbook for more information.

Formal Legal Name: _____
First Name Middle Name Last Name

Maiden Name: _____

Address: _____

_____

Telephone Numbers: _____ _____
Home Cell

Name(s) of your child(ren) who attend NYCSD:

First/Last Name of Child	Grade	First/Last Name of Child	Grade
_____	_____	_____	_____
_____	_____	_____	_____

My signature below indicates that I have read, understand, and agree to comply with NYCSD Volunteer procedures as outlined in the Volunteer Handbook. I certify that the information presented on this form is complete and accurate to the best of my knowledge.

_____ _____
Signature of Volunteer Date

FOR OFFICE USE ONLY

____ Volunteer Information Form Date Completed _____

____ TB Test Date Completed _____

____ PA Child Abuse Clearance (Act 151) Date Completed _____

____ PA State Police Criminal History Check (Act 34) Date Completed _____

____ Volunteer Verification Form **OR** FBI Background Check (Act 114) Date Completed _____

____ Form of ID Presented _____ Expiration Date _____

____ **Approved to Volunteer** **Principal Signature** _____