

**SCASD Volunteer Policy and Procedure Form  
2022-2023**

The Volunteer Information website provides important information relating to District procedures and expectations. Volunteers are expected to understand and abide by all District policies, procedures, and expectations. Each volunteer is asked to review annually the information included on [www.scasd.org/volunteer/policies](http://www.scasd.org/volunteer/policies). Then, complete this form confirming that you have reviewed and understand the items listed below and return it to:

Volunteers in Public Schools (VIPS) Supervisor  
SCASD Community Education Office  
240 Villa Crest Drive  
State College, PA 16801

If you have any questions, please contact the VIPS Supervisor who is best reached by email at [volunteers@scasd.org](mailto:volunteers@scasd.org) or by phone at 814-231-1062.

Policy 100.1-School Climate/Inclusive Excellence  
Policy 141-Wellness  
Policy 207-Confidential Communication  
Policy 218.1 Weapons  
Policy 222- Smoking/Tobacco Products  
Policy 227-Drug and Alcohol Policy

Policy 248-Pupils-Sexual Harassment  
Policy 249-Anti-Harassment Policy  
Policy 806-Child Abuse Policy & Guidelines  
Policy 815-Online Acceptable Use  
Policy 907-School Visitors

I swear/affirm that I have not been involved in the attempt, solicitation, or conspiracy to commit any of the prohibited activities set forth above. I understand that I will not be allowed to volunteer if I am named as a perpetrator of a founded report of child abuse or commit any of the prohibited activities listed.

I understand that if I am told or observe something that causes me concern, I am to notify the teacher.

I also understand that the School District retains the right to refuse me permission to serve as a volunteer for any reason that, in its judgment, renders the applicant unsuitable to serve in that capacity.

By signing this document, I confirm that I have reviewed the items listed above and understand all pertinent volunteer responsibilities.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_ Email \_\_\_\_\_

Please check one:

- I previously submitted clearances to the V.I.P.S. office with SCASD.
- The supervisor I am volunteering with informed me I do not need clearances. ( Please list the supervisor's name and activity to exempt clearance) \_\_\_\_\_
- I have included my clearances with this form.

Please select all the schools at which you intend to volunteer for the 2022-2023 school year.

- |   |   |
|---|---|
| <input type="checkbox"/> Corl Street              | <input type="checkbox"/> Park Forest Elementary |
| <input type="checkbox"/> Easterly Parkway         | <input type="checkbox"/> Radio Park             |
| <input type="checkbox"/> Ferguson Township        | <input type="checkbox"/> Delta                  |
| <input type="checkbox"/> Grays Woods              | <input type="checkbox"/> Mount Nittany Middle   |
| <input type="checkbox"/> Spring Creek             | <input type="checkbox"/> Park Forest Middle     |
| <input type="checkbox"/> Mount Nittany Elementary | <input type="checkbox"/> State High             |
|   | <input type="checkbox"/> Athletics              |