# Kutztown Area School District

**10 Deisher Lane • Kutztown, PA 19530**
**Phone: 610-683-7361 • Fax: 610-683-0388**

## *Volunteer Application/Information Form*

Kutztown Area School District welcomes and encourages volunteers in its schools and classrooms. All volunteers are required to submit the following paperwork before being permitted to provide services in the school district.

**Volunteer FORMS:**

- Application/Information Form *(must submit every school year)*
- Act 24 Arrest/Conviction Report & Certification Form *(must submit every school year)*
- Volunteer Expense Reimbursement Form *(optional, for FBI only if applicable)*

**Volunteer CLEARANCES (must renew every 5 years):**

- Act 34 PA State Police Criminal Check *(no charge)*
- Act 151 Child Abuse History Certificate *(no charge)*
- Act 114 FBI Fingerprint (or sign Residency Affidavit below, *if applicable)*

For clearance information: **www.kasd.org** Go to "Parent Portal" on bottom tool bar, click "Volunteering". KASD will only reimburse volunteers for the FBI Clearance expense, but ONLY if you are not eligible to sign the Residency Affidavit. There is no charge for Criminal and Child Abuse. (See Act 153 of 2014 ~ Volunteer Information Form'.)

The Pennsylvania Public School Code, Section 1418(b) requires that school personnel be tested for TB. School personnel to be tested include employees and independent contractors who provide direct services to students on behalf of a school, including but not limited to teachers, nurses, administrators, physicians, dentists, dental hygienists, custodians, janitors, cooks, cafeteria workers, bus drivers, librarians, psychologists, audiologists and counselors, and student teachers and volunteers. The Department of Health defines "direct service" as those persons in direct contact with student 10 or more hours/week." **Please call 610-683-7346, ext. 5544, to schedule a free TB screening.**

***Volunteer's Information (please print)***

Formal Legal Name: _____
**First Name** **Full Middle Name** **Last Name**

Home Street Address: _____

City, State, Zip: _____

Contact Number(s): _____

Email Address (optional): _____

I have received, read and understand Kutztown Area School District's Policy 806. Child Abuse/Student Abuse Policy and Policy 916. School Volunteers.

_____ _____
***Signature of Volunteer*** ***Date***

***Check all that apply.*** I would like to volunteer for the following:

☐ Kutztown Elementary ☐ Middle School ☐ High School ☐ Athletics/Extra Curricular
☐ Greenwich-Lenhartsville Elementary ☐ District Office ☐ All Schools Musical

### *RESIDENCY COMPLIANCE AFFIDAVIT*

**This section must be completed annually in lieu of the Act 114, FBI Clearance.**

On this, _____ day of _____, 20 _____,
**Date** **Month** **Year**

I, _____ , hereby certify that I have resided continuously in
**Full Name**
Pennsylvania for ten (10) years, and swear that I have never been convicted of a disqualifying crime in Pennsylvania, or the corresponding offenses under the laws of any other jurisdiction.

_____ _____ _____
***Signature of Volunteer*** ***Print Name of Volunteer*** ***Date***

Kutztown Area School District does not discriminate in our educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973 the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX and Section 504 may be obtained by contacting the school district. EOE.