

SCASD Volunteer Policy and Procedure Form 2024-2025

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 annually review our [volunteer policies](#). Once reviewed, complete the below fields 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 by [email](#) or phone at 814-231-1062.

Policies are subject to change:

- Policy 100.1: School Climate/Inclusive Excellence
- Policy 103: Nondiscrimination/Discriminatory Harassment - School and Classroom Practices
- Policy 103.1: Title IX Nondiscrimination and Harassment on the Basis of Sex - School and Classroom Practices
- Policy 103.2: Discrimination and Harassment Affecting Students
- Policy 141: Wellness
- Policy 207: Confidential Communication
- Policy 218.1: Weapons
- Policy 222: Smoking/Tobacco Products
- Policy 227: Drug and Alcohol Policy
- Policy 249: Anti-Harassment Policy
- Policy 806: Child Abuse Policy & Guidelines
- Policy 815: Use of Information Technology Resources
- 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.

Signature:

Name Printed:

Date:

Email:

Please check one:

- I previously submitted clearances to the VIPS office with SCASD.
- I have included my clearances with this form.
- The supervisor I am volunteering with informed me I do not need clearances.

Supervisor's name and activity to exempt clearance:

Please select all the schools at which you intend to volunteer for the above named school year.

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