CSD CHELTENHAM SCHOOL DISTRICT

Administration Building

2000 Ashbourne Rd., Elkins Park, PA 19027
215-886-9500 Fax: 215-884-3029
Dr. Brian W. Scriven, Superintendent
ShaVon Savage, M.S.Ed., J.D., Assistant Superintendent

VOLUNTEER PACKET CHECKLIST

Volunteer Name _____

Contact Number _____

Volunteer Address _____

Building CHS / CBK / EP / CE / GE / ME / WE / ADMIN/EPIC

Pennsylvania Resident of the past 10 years Yes / No *(If no, FBI fingerprinting clearance is needed)*

Items Enclosed

____ Affirmation Signoff Sheet *(Requires an administrator signature)*
____ Act 34 – Criminal Background Check
____ Act 114 – Federal (FBI) Criminal History Report
____ Act 151 – Child abuse clearance
____ Tuberculosis Screening *(With negative results or a clear chest x-ray)*

____ Board Approved (If applicable) Date _____

_____ Date _____

Secretary's Signature

_____

Secretary's Name (Printed)

Attachment A

VOLUNTEER AFFIRMATION

I _____, agree to serve as a volunteer in the Cheltenham School District. I affirm that I have read the attached District Policy "Volunteers" and accompanying Administrative Regulation and I agree to follow the guidelines set forth in these attachments including but not limited to those restated below.

I understand that the teacher or supervisor who is employed by the District is the decision maker, and I will respect his or her authority during any and all volunteer activities. When working with students, chaperoning field trips or school activities, I will report all incidents of inappropriate behavior or any situations that I witness in which students might be in danger to the teacher or supervisor in charge of the activity.

I understand that as a volunteer I will be viewed as a representative of the School Board and administration. I will conduct myself in a professional manner and will maintain a professional relationship with students. When information of a personal or confidential nature is raised, I will refrain from imposing by own personal opinion on students.

I agree to respect the privacy and anonymity of each child by maintaining the confidentiality of any confidential information that I receive while serving as a volunteer.

I agree to report all incidents of suspected child abuse to the teacher or supervisor in charge of my volunteer activities.

I assume responsibility for being familiar with and following District policies and for receiving any volunteer training that is pertinent to my volunteer activities.

I am (check whichever ones are applicable):

_____ A Resident of the State of Pennsylvania (I have resided in the State of Pennsylvania for _____ Years)

_____ A **long-term/regular** volunteer (I plan to volunteer from time to time exceeding two (2) weeks in cumulative time throughout the entire school year).

_____ An **Over-night volunteer** (I plan to volunteer in an activity or event which includes over-night participation

I am aware of and will comply with District policies and administrative regulations regarding Child abuse identification and reporting; prohibition of discrimination; prohibition of unlawful harassment; student accidents; student harassment and bullying; student discipline; drugs; alcohol; tobacco; and accommodation of special needs students.

As a measure to ensure the safety of the District students and staff members, I understand that all volunteers must be screened prior to having contact with students. **I also understand that as a Volunteers or an Over-Night Volunteer, I am required to receive a tuberculosis screening. I understand I must be documented free from tuberculosis before serving as a volunteer.**

Signed,

_____ Date _____

Printed Name: _____
Address: _____

Administrator Signature: _____ Date: _____

* Volunteers and Over-Night Volunteers as defined in Policy 916 are required to submit criminal record background checks and child abuse clearance checks.