

ROCHESTER AREA SCHOOL DISTRICT

PROCEDURES TO VOLUNTEER WITH DISTRICT PROGRAMS

Thank you for your interest in the Rochester Area School District. Board Policy #916 requires that all volunteers submit appropriate clearances and be approved by the Board of Education prior to volunteering.

To volunteer in the RASD, please complete the following clearances/paperwork and submit them, along with this form, to the Superintendent's Office.

REQUIRED PAPERWORK AND CLEARANCES

Please complete the Volunteer Application (on the reverse side) and attach the following clearances, which may be accessed on our website, www.rasd.org Click on our "For Parents" page for links to all of the clearances.

- PA Child Abuse History Clearance (Act 151)
- PA Criminal Record Check (Act 34)
- FBI Fingerprints - Criminal Background Check (Act 114)
- Disclosure Statement for Volunteers (Volunteer Affirmation/Arrest/Conviction Report - Act 24) - Policy 916, Attachment 2
- Memorandum Regarding the Confidentiality of Student Records - Policy 916, Attachment 3
- Receipt(s) for reimbursement of clearances - *Optional* (Once reviewed and if Board approved, you will be reimbursed for your clearances.)

PROCESS:

1. Please review RASD Board Policy #916, which is available at www.rasd.org. If you would like a hard copy, please contact the Secretary to the Superintendent.
2. Submit this form and **all** required clearances to the Superintendent's Office.
3. Once clearances have been reviewed and approved, your name will be placed on the agenda for Board approval. (The Board votes the fourth Monday of each month, except July. Please refer to our website for the official calendar.)
4. Once approved by the Board, you may be called upon to volunteer.
5. If you submitted receipts for clearances and the Board approves you to volunteer, reimbursement will be made.
6. Clearances are good for five (5) years from the date they are issued. You must provide updated clearances every five years to continue volunteering in the district.

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VOLUNTEER APPLICATION

Name: _____

Address: _____

Phone: _____ Email: _____

I would like to volunteer for: _____

(i.e. PTA, Band, Morning Program, K-12 Programs, etc.)

If you are related to student(s) in our school(s), please provide the following information:

NAME OF STUDENT	GRADE	BUILDING	RELATION

I am not related/associated with a particular student in the district.

I have read and agree to follow the School Volunteer Policy #916.

Signature

Date

PLEASE SUBMIT ENTIRE PACKET TO THE SECRETARY TO THE SUPERINTENDENT

For Office Use Only:

Date Received: _____

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Date Board Approved: _____