



VOLUNTEER APPLICATION FORM

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Preferred Contact Home Phone Cell Phone Email

Please select the option that best represents your affiliation with ELCO:

Parent/Guardian? Student(s) Name/Grade _____

Other, Describe _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone _____

Please select the schools where you are requesting to volunteer.

Fort Zeller Elementary Intermediate School Middle School

Jackson Elementary High School

Please indicate the areas where you would like to volunteer.

Classroom Cafeteria Coaching

Field Trips Playground Other _____

Office/Clerical

Please continue to second page →

VOLUNTEER APPLICATION FORM (Continued)

Please select the days/times you wish to volunteer (if applicable).

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Restrictions and/or Accommodations

Please list any restrictions you may have and/or accommodations you require:

Volunteer Handbook

As a condition of volunteering in any District building, the volunteer's signature on this application form acknowledges:

- Understanding and agreement to the guidelines established in this ELCO Volunteer Handbook.
- Understanding and agreement to the ELCO School District's policies that relate to volunteers.
- Agreement to the guidelines established by the school building(s) for volunteers.

Recognizing and Reporting Suspected Child Abuse

As a condition of volunteering in any District building, the volunteer's signature on this application form acknowledges that I have completed the Recognizing and Reporting Suspected Child Abuse (www.reportabusepa.pitt.edu) within the last five years, and that it is my responsibility to renew and complete this training every five years. Furthermore, I understand that it is my responsibility to immediately and directly report any suspected child abuse to ChildLine (<https://www.compass.state.pa.us/cwis> or 1-800-932-0313).

Volunteer Name (please print) _____

Signature _____ Date _____

OFFICE USE ONLY

- Volunteer Application
- PA Criminal Background History
- PA Child Abuse History
- Affidavit Form or FBI Fingerprint Check

- Recognizing and Reporting Child Abuse Certificate
- Board Approval Date _____