Kutztown Area School District
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Phone: 610-683-7361 • Fax: 610-683-0388

Senior Volunteer Tax Exchange Program - 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 *(submit annually)*
- Federally Mandated Drug Free Workplace Form
- Act 24 Arrest/Conviction Report & Certification Form
- Volunteer Expense Reimbursement Form *(optional, for FBI only if applicable)*
- IRS Form W-9 (a form 1099 will be issued for payments over $600)

Volunteer CLEARANCES (renew every 5 years):

- Act 34 PA State Police Criminal Check
- Act 114 FBI Fingerprint *(or sign Affidavit below, if applicable)*
- Act 151 Child Abuse History Clearance Certificate

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

******NEW FOR 2021-2022: Please complete and return the enclosed "Tuberculosis (TB) Risk Assessment form. Unless there are risk factors identified since your last TB test, the TB screening does not need to be completed again.***

Volunteer's Information (please print)

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

Home Street Address: _____

City, State, Zip: _____

Contact Number(s): _____

Date of residency: _____ Date of birth: _____

Days/Times I Can Volunteer: _____

I am capable of assisting in the following areas: _____

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

I, _____ (Full Name), hereby certify that I have resided continuously in 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. 2017