



**Radnor Township School District**

Administration Building ● 135 South Wayne Avenue, Wayne, PA 19087-4117

Phone: 610-688-8100 ● Fax: 610-386-6135

**Demographic Information**

*(Please print legibly)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City State Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_  Parent Volunteer  Coach Volunteer

**REQUIRED DOCUMENTS**

(Must be submitted to Human Resources located in the Admin Building. Only complete packets will be accepted.)

**For Parent Volunteers: Please submit this form along with the applicable supporting documents.**

- Photo identification: copy taken when packet is presented to Human Resources.
- PA Criminal Record Check: <https://epatch.pa.gov/home> select “New Volunteer Record Check.”
- PA Child Abuse History Clearance: <https://www.compass.state.pa.us/CWIS/Public/Home> select “Volunteer Having Contact with Children” as shown on the list of “Application Purpose.”
- Volunteers who have lived in PA for 10+ consecutive years and are participating in a day activity (not overnight) may submit a signed Volunteer Affidavit. If you have not lived in PA for 10+ years and/or are volunteering for an overnight trip, you must submit an FBI Clearance. To do so, visit Identogo at <https://uenroll.identogo.com> Enter the service code 1KG6ZJ for PA Dept of Human Services – Volunteer.
- OVERNIGHT TRIP VOLUNTEERS: Act 126 Mandated Reporter Training is required. Link to the free online course: <http://www.reportabusepa.pitt.edu/>

**For Coach Volunteers: Please submit this form along with the applicable supporting documents.**

- Photo identification: copy taken when packet is presented to Human Resources.
- PA Criminal Record Check: <https://epatch.pa.gov/home> select “New Volunteer Record Check.”
- PA Child Abuse History Clearance: <https://www.compass.state.pa.us/CWIS/Public/Home> select “Volunteer Having Contact with Children” as shown on the list of “Application Purpose.”
- FBI Federal Criminal History Record Check (through Identogo): <https://uenroll.identogo.com> use service code 1KG6ZJ (PA Dept. of Human Services – Volunteer).
- Tuberculosis test.

**Please provide an emergency contact:**

Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

*Links for clearances can be found on RTSD.Org>Families>Volunteer in RTSD>Required Forms for Volunteers  
Personal contact information is shared with administrative staff by the Human Resources Office when necessary.*

*I understand that failure to supply the required documentation prior to the volunteer activity will result in my being excluded from all activities until I have fulfilled this requirement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_