CONEWAGO VALLEY SCHOOL DISTRICT
New Oxford, Pennsylvania 17350
(717) 624-2157

APPLICATION TO VOLUNTEER

_____ _____ _____ _____ _____

Last Name *Proper First Name* *Middle Name* *M* *F*

Address: _____ *Telephone #:*

_____ _____

__ *I hereby affirm I have resided in the Commonwealth of PA for the previous ten (10) years.*

Email Address: _____

Educational Background: _____

_____

Related Work or Volunteer Experience: _____

_____

Areas in which you are interested in volunteering: (check all that apply)
__ Type 2 Volunteer *OR* __ Type 1 Volunteer (**provides service 10+ hrs/wk and requires tb test**)
__ CTE __ NOE __ CVIS __ MS __ HS
__ My child(ren) classroom only __ Any classroom __ Field trips
__ Co-curricular: _____ Athletic: _____
__ Other_____

References: Give references who have knowledge of your character, personality, and abilities.
Name *Telephone #*
1. _____
2. _____
3. _____

Signature of Volunteer: _____ *Date:* _____

******PLEASE SUBMIT TO BLDG PRINCIPAL FOR PROCESSING ALONG WITH CLEARANCES******

Signature of Principal or Athletic Director: _____

Signature of HR Coordinator: _____

Approval Assistant Superintendent: _____

__No Record __ Record: PA Criminal History Report
__No Record __ Record: PA Child Abuse Clearance
__No Record __ Record: Federal Criminal History Report
__ TB test (Type I Volunteer Only)

__ Concussionwise
__ Cardiacwise
__ Act 126
__ Title IX

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