

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

**APPLICATION TO VOLUNTEER**

\_\_\_\_\_ Male \_\_\_\_\_  
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 Volunteer 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)

**For Athletic use only:**

☐ Concussionwise  
☐ Cardiacwise  
☐ Act 126  
☐ Title IX