Ferndale Area School District
100 Dartmouth Avenue, Johnstown, PA 15905

Volunteer Agreement

As a volunteer for the _____ program for the 20_____ - 20_____ school year at the Ferndale Area School District, I understand that I am **not an employee** and will not receive monetary compensation for the work that I perform. I am, however, a valuable staff person, and will be accorded all the respect due any staff person, paid or volunteer.

Prior to volunteering, I will submit an Act 34 PA State Police Criminal History Record Information (PA State Police); an Act 151 PA Child Abuse History Certification (Department of Welfare); an Act 114 Federal Criminal History Report (PA Department of Education); and **a PDE 6004 Arrest/Conviction Report and Certification Form**.

I understand that I am **not entitled to workers' compensation or group medical/hospital/dental benefits** from Ferndale Area School District. My personal insurance will apply while I am a volunteer.

In the event I am injured while serving in this capacity, I will not hold the School District and/or its employees responsible for any or all of the expenses incurred.

I understand that Ferndale Area School District **does not provide auto insurance coverage** for my personal vehicle. My personal insurance will apply to my vehicle if I use it while I am a volunteer.

I understand that I have the right to refuse any assignment that I feel is too hazardous or is beyond my level of training or ability.

I agree to follow all safety rules and to follow all instructions from my supervisor. I understand that if I do not follow these rules and instructions, I will receive a verbal warning or a written warning, and possibly may be dismissed from the volunteer program.

My signature below indicates that I understand the conditions stated above and that I will follow all applicable rules, procedures, policies, and instructions.

Date	Signature of Volunteer
Birth Date	Full Name, Including Middle Name & Maiden Name, if applicable (Printed)
Social Security Number	Street Address/P.O. Box
Phone Number	City, State, Zip Code
Date	Signature of Advisor/Coach/Immediate Supervisor
Date	Signature of Athletic Director
Date	Signature of Principal
Date	Signature of Superintendent

NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED EACH YEAR. ACT 34, ACT 151, FBI CLEARANCES AND PDE 6004 MUST BE OBTAINED BEFORE THE VOLUNTEER WILL BE RECOMMENDED FOR INITIAL SCHOOL BOARD APPROVAL.