

DELAWARE VALLEY SCHOOL DISTRICT

Volunteer Personal Data Sheet

Date: _____

Name: _____
Last First

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____
Last First

Emerg. Contact Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

FOR OFFICIAL USE ONLY

Administrator Approval: _____ Date: _____

The following forms must be attached: (All results must be less than one year old.)

***PLEASE KEEP YOUR ORIGINALS! ***

***ONLY COPIES OF CLEARANCES SHOULD BE SUBMITTED! ONCE CLEARANCES ARE
SUBMITTED, WE CANNOT COPY FOR YOU AT A LATER DATE! ***

Required Clearances	Date of Clearance
PA State Police Criminal Record Check* https://epatch.pa.gov/home	
PA Child Abuse History Clearance https://www.compass.dhs.pa.gov/cwis/public/home	
FBI Fingerprint Clearance* Please bring the letter from the Dept. of Human Services https://www.identogo.com/services/live-scan-fingerprinting Service Code: 1KG6ZJ *Must use this code*	
Act 24 Form of 2016 Form	

*Please note: If you have an infraction, you should write a confidential statement of explanation and attach it to your clearances to expedite the approval process.