

Fleetwood Area School District

• 801 N. Richmond Street, Fleetwood, PA 19522-1031

Phone: 610.944.8111



Volunteer Information Form

Name: _____

Date: _____

Address: _____

Phone Number: _____

Email: _____

School building you wish to volunteer at: _____

Areas you may be interested in volunteering:

Classroom: _____

Name of child(ren):

_____ or classroom you wish to volunteer.

___ Guest Speaker

___ Library

___ Field Trips

___ Special Activities/Assemblies

___ Cafeteria

___ Other _____

I, _____ approve the distribution of my name, address, phone number and email to the teachers and staff of Fleetwood Area School District. This Information will only be used to contact you for volunteer purposes.

I, _____ have reviewed the [Fleetwood Area School District's policy 916 ~ Volunteers](#) . I have read, understand, and will comply with this policy.

Signature: _____

Additional Comments:

Volunteers shall obtain and submit new certifications every sixty (60) months.

Please submit this form and clearances to your child's building secretary.

-----Official Use Only -----

☐ Volunteer provides direct services to students for 10 or more hours per week.

Principal/Supervisor Signature: _____ Date: _____

The Fleetwood Area School District educates, inspires, and empowers each student on their journey to excellence.

8/25/2026