Radnor Township School District
Administration Building ● 135 South Wayne Avenue, Wayne, PA 19087-4117
Phone: 610-688-8100 ● Fax: 610-386-6135

Demographic Information
(Please print legibly)

Name: _____ Phone: _____

Address: _____ City State Zip: _____

E-mail: _____ ☐ Parent Volunteer ☐ Coach Volunteer

REQUIRED DOCUMENTS
(Must be submitted to Human Resources located in the Admin Building. Only complete packets will be accepted.)

For Parent Volunteers: Please submit this form along with the applicable supporting documents.

- ☐ Photo identification: copy taken when packet is presented to Human Resources.
- ☐ PA Criminal Record Check: https://epatch.pa.gov/home select "New Volunteer Record Check."
- ☐ PA Child Abuse History Clearance: https://www.compass.state.pa.us/CWIS/Public/Home select "Volunteer Having Contact with Children" as shown on the list of "Application Purpose."
- ☐ Volunteers who have lived in PA for 10+ consecutive years and are participating in a day activity (not overnight) may submit a signed Volunteer Affidavit. If you have not lived in PA for 10+ years and/or are volunteering for an overnight trip, you must submit an FBI Clearance. To do so, visit Identogo at https://uenroll.identogo.com Enter the service code 1KG6ZJ for PA Dept of Human Services – Volunteer.
- ☐ OVERNIGHT TRIP VOLUNTEERS: Act 126 Mandated Reporter Training is required. Link to the free online course: http://www.reportabusepa.pitt.edu/

For Coach Volunteers: Please submit this form along with the applicable supporting documents.

- ☐ Photo identification: copy taken when packet is presented to Human Resources.
- ☐ PA Criminal Record Check: https://epatch.pa.gov/home select "New Volunteer Record Check."
- ☐ PA Child Abuse History Clearance: https://www.compass.state.pa.us/CWIS/Public/Home select "Volunteer Having Contact with Children" as shown on the list of "Application Purpose."
- ☐ FBI Federal Criminal History Record Check (through IdentoGO): https://uenroll.identogo.com use service code 1KG6ZJ (PA Dept. of Human Services – Volunteer).
- ☐ Tuberculosis test.

Please provide an emergency contact:
Name/Relationship: _____

Phone: _____

Links for clearances can be found on RTSD.Org>Families>Volunteer in RTSD>Required Forms for Volunteers

Personal contact information is shared with administrative staff by the Human Resources Office when necessary.

I understand that failure to supply the required documentation prior to the volunteer activity will result in my being excluded from all activities until I have fulfilled this requirement.

Signature _____ Date _____