

**EAST STROUDSBURG AREA SCHOOL DISTRICT
VOLUNTEER APPLICATION**

Position Volunteer* -- Are you applying as a: 1st Time Applicant **OR** Renewal

Position Volunteer – An adult applying for or holding an unpaid position with a school or a program, activity or service, as a person responsible for the child’s welfare or having direct volunteer contact with children. - Examples may include, but are not limited to: coaches; tutors, club/activity advisors, recess or library aides, etc. – ***REQUIRES ADVISOR/PRINCIPAL/SCHOOL BOARD APPROVAL AND CLEARANCES AS LISTED BELOW.**

Guest Volunteer** -- Are you applying as a: 1st Time Applicant **OR** Renewal

Guest Volunteer – An adult who voluntarily provides a service to the district, without compensation, who works directly under the supervision and direction of a school administrator, a teacher, or other member of the school staff and does not have direct volunteer contact. - Examples may include, but are not limited to: PTO/PTA members, adults volunteering to assist in classroom celebrations, school assemblies, school concerts, field trip chaperones, reading to students; participating in “Career Day”; collecting tickets at sporting events; working concessions stands, book store, or school store, etc. -- ****REQUIRES ADVISOR/PRINCIPAL APPROVAL – CLEARANCES NOT REQUIRED.**

Name: _____ Phone Number: _____

Address: _____

I would like to volunteer at _____ for the 20____ - 20____ school year.
(Name of School Building)

List any particular program(s) and/or activity for which you would like to volunteer: _____

Position Volunteers will need to provide copies of their Act #34 and Act #151 which must be less than sixty (60) months old and complete an updated Act 24 Disclosure Statement for Volunteers **PRIOR** to consideration for approval by the School Board and before beginning any volunteer service.

- Act #34 (PA Criminal History Record Check) ***must be less than sixty (60) months old***
- Act #151 (PA Child Abuse History Clearance) ***must be less than sixty (60) months old***
- Act # 24 (Disclosure Statement Application for Volunteers) ***must be completed, signed and submitted at time of renewal***
- Tuberculosis (Tine) ***test not required if already submitted under previous approval as a position volunteer for ESASD***

If a position volunteer has not been a resident of Pennsylvania during the entirety of the previous ten (10) year period, the position volunteer must also submit the following information:

Act #114 FBI (Fingerprint) Criminal Record History ***must be less than sixty (60) months old***

Please answer the following:

Have you ever been convicted of a felony? YES NO

Do you seek approval to operate school district owned, non-passenger vehicles: YES NO

If **YES**: Pennsylvania Driver's License # _____ Expiration Date: _____
(Provide a copy of your valid Pennsylvania driver's license.)

I have been provided a copy of Board Policy #916-Volunteers YES NO

As a volunteer to the East Stroudsburg Area School District, I understand that I am **not an employee** and will not receive any monetary compensation for the work that I perform.

I understand that I am **not entitled to workers' compensation or group medical and hospital benefits** from the East Stroudsburg Area School District. My personal insurance will apply while I am serving as a volunteer.

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

I agree to follow all safety rules and all instructions from my supervisor. I understand that if I do not follow such rules and/or instructions, I may be terminated as a District volunteer without formal or due process proceedings.

My signature indicates that I understand the conditions stated above, that I have been provided the above-mentioned policy, that I will follow all applicable rules, procedures, policies and instructions, and that all information provided by me is true.

I further authorize East Stroudsburg Area School District to investigate my background now or in the future to verify information provided. This investigation may include such information as criminal convictions, driving records (if appropriate), previous employers and educational institutions, personal references, employment references, and other appropriate sources. I acknowledge that the school district is not obligated to, and will not, share with me the results of this investigation, and without limitation hereby release the school district and all persons and/or corporations supplying information concerning my background from any liability in connection with its release or use.

Name: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____

FOR SCHOOL USE ONLY:

Guest Volunteer:

Advisor's Signature: _____ Principal's Signature: _____

Date: _____ Date: _____

Position Volunteer:

Advisor's Signature: _____ Principal's Signature: _____

Date: _____ Date: _____

School Board Approval Date: _____

(Attach a copy of the School Board minutes)