



VOLUNTEER REGISTRATION FORM

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DATE: _____

NAME: _____

District Parent Community Member

PERMANENT ADDRESS: _____

The following Require Raptor Scan Check ONLY:

I AM INTERESTED IN:

_____ CLASSROOM VISITOR

_____ READ ACROSS AMERICA READER

_____ CAREER DAY

_____ OTHER

_____ SCHOOL HELPERS

_____ FUNDRAISERS

_____ BOXTOPS TALLY

_____ CARNIVAL

_____ OTHER

The following Require ALL Clearances plus Raptor Scan Check:**

PROGRAM(S): Athletics Odyssey of the Mind Music Other

FIELD TRIPS: Day/Class Trip Overnight

_____ CLASSROOM VOLUNTEER – Routine and/or Direct Contact with Children

_____ ATHLETICS

_____ COACH

_____ SPORT

Volunteer Signature



CHECKLIST FOR VOLUNTEER PAPERWORK **Page 2 of 2**

All Documentation is to be Attached to this Checklist and Submitted as One (1) Packet to the appropriate Building Secretary.

NAME _____ BUILDING _____

___ **REGISTRATION FORM**

___ **ACT 34 CLEARANCE**

___ **ACT 151 CLEARANCE**

___ **TB TEST (should be dated within past three (3) months)**

___ ****ACT 114 CLEARANCE (IF NECESSARY)**

(only if Volunteer has not been a resident of PA for the past 10 years from the date of form completion)

ALL School Day Field Trip Chaperones/Volunteers MUST Submit the Act 114 FBI Clearance

___ **CONFIDENTIALITY/AFFIRMATION FORM**

_____ **DATE RECEIVED IN THE PERSONNEL OFFICE**

_____ **SUBMITTED FOR BOARD APPROVAL**