

IROQUOIS SCHOOL DISTRICT
Volunteer Policy

VOLUNTEER APPLICATION

**Attach copies of ALL required clearances: PA State Police Criminal History Report (Act 34),
PA Dept. of Human Services Child Abuse History (Act 151),
and PA Dept. of Ed Federal Criminal History Fingerprint Report (Act 114)
Applications will be denied without copies of all current clearances attached to this form.**

Group/Team/Area/Department you wish to volunteer for: _____

PLEASE CHECK ALL THAT APPLY:

- LEVEL I** – Volunteers who are in immediate and constant contact with students.
- LEVEL II** – Single event and/or single day functions/limited/minimal contact with students.

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

Do you have a child/children attending ISD? _____ Yes _____ No

| | | |
|--------------|---------|-------|
| Child's Name | Teacher | Grade |
| Child's Name | Teacher | Grade |
| Child's Name | Teacher | Grade |
| Child's Name | Teacher | Grade |

If you do not have a child/children attending ISD, what is your relationship with the District?

Recommended by: (Building Principal/AD/Coach/Advisor) _____
Please Print Name

Signature of person approving recommendation _____

IROQUOIS SCHOOL DISTRICT

BACKGROUND CHECK AGREEMENT

| | | | |
|------|-------|--------|------------------------------|
| Last | First | Middle | Other Names Used in the Past |
|------|-------|--------|------------------------------|

Social Security Number: _____ Number of years at the above address: _____

Date of Birth: ____/____/____ Driver's License Number: _____

Have you ever been convicted of or do you have any charges pending for felonies, misdemeanors, and/or ordinance violations other than minor traffic violations? YES NO

If yes, please fill in the information below and include date, location, and nature and circumstances of offense.

I authorize the Iroquois School District to review my personal background. I consent to having the Iroquois School District conduct a full and complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the Iroquois School District. I understand that the Iroquois School District will verify the information I have provided above. I hereby release the District, its Board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests, convictions, and/or legal investigations.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Elementary/High School Office Use ONLY

Forward to the District Office once this area is completed.

Recommended by: _____ (Building Principal/AD/Coach/Advisor)

Interviewed by: _____

Comments/Notes: _____

COMPLETED ITEMS (Attach copies)

Act 34: _____ Valid Photo ID: _____

Act 151: _____ Application: _____

Board Approved on: _____ Act 114 (PDE version): _____