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)
- 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 ________________________________
### BACKGROUND CHECK AGREEMENT

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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

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**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): ______