



Spring Cove School District

1100 East Main Street, Roaring Spring, PA 16673

http://springcove.schoolnet.com • (814) 224-5124 • fax (814) 224-5516

LONG-TERM VOLUNTEER REGISTRATION

Today's Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Home Telephone Number: _____ **Work:** _____ **Cell:** _____

E-mail Address: _____

Employer: _____ **Occupation:** _____

Emergency Contact: _____ **Relationship:** _____

Emergency Contact Telephone Number(s): _____

May we share your contact information with other parent volunteers?

___ YES ___ NO

Are you a parent/legal guardian/grandparent of a child/children in the Spring Cove School District?

___ YES ___ NO

If NO, indicate relationship to district. _____

Do you have volunteer experience? ___ YES ___ NO

If YES, briefly summarize your experience. _____

When are you available to volunteer? Indicate days and times of the week.

(over)

VOLUNTEER AGREEMENT AND DISCLOSURE STATEMENT

AGREEMENT STATEMENT

I agree to maintain the confidentiality of all information that I generate or to which I have access as a volunteer. I have read the Volunteer Handbook (also available at the SCSD web site), and I understand my responsibilities and agree to perform my duties according to these guidelines.
___YES___NO

Signature: _____

Date: _____

DISCLOSURE STATEMENT

It is the procedure of the school district to make every reasonable effort to provide a safe learning environment for our students. Therefore, we require that you provide the following information:

Have you ever been convicted of a felony? ___YES___NO

Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children? ___YES___NO

Do you currently have charges pending relating to the aforementioned? ___YES___NO

A "YES" answer to any question will require that you provide current Act 34 & 151 clearance forms before working as a volunteer in any of our schools.

I certify that all information provided is complete and accurate to the best of my knowledge and belief. I understand that any misrepresentation of information shall be sufficient cause to prohibit me from working as a volunteer in the Spring Cove School District.

Signature: _____

Date: _____