

Deer Lakes School District

SCHOOL VOLUNTEER CLEARANCE PROCEDURES
IN-TAKE FORM FOR VOLUNTEERS

Please PRINT or TYPE All Information

Date: _____

Birth Date: _____

Name _____

Address, Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

School Where You Would Like to Volunteer: _____

Name(s) and Grade of Children/Grandchildren in this School:

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Please indicate Days and Times You Would Be Available:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A.M.	A.M.	A.M.	A.M.	A.M.
P.M.	P.M.	P.M.	P.M.	P.M.

Volunteer's Signature _____

For District Use Only

_____ Criminal Background Check completed and is on File and

_____ Child Abuse Clearance Check completed and is on File and

_____ Federal Fingerprint Access Code or,

_____ Federal Fingerprint Waiver Request and

_____ PA Resident Verification for Waiver of FBI Report completed and is on File.

_____ Applicant Approved

_____ Applicant **NOT APPROVED**

School Assignment: _____

Date: _____