



# UNITED SCHOOL DISTRICT

District Administration Office  
10780 Rte 56 Hwy. East., Armagh, PA 15920  
814-446-5615

## VOLUNTEER FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Activity: \_\_\_\_\_

Supervising Sponsor/ Coach: \_\_\_\_\_

Period of Participation: \_\_\_\_\_

(This should be limited to the present school year.)

\*Reoccurring Volunteer \_\_\_\_ (clearances on file with district - must be renewed every 60 months)  
**All clearances MUST be attached.** Act 24 \_\_\_\_ Act 34 \_\_\_\_ Act 114 \_\_\_\_ Act 151 \_\_\_\_  
Board Policies completed \_\_\_\_\_

**I agree to follow all of the procedures and policies of the United School District while serving as a volunteer. I understand that violations of those procedures and policies could result in the loss of my privilege to serve as a volunteer for the district. Furthermore, I understand that I will be supervised by the coach(es)/sponsor(s) hired by the district.**

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Sponsor/Coach Approval: \_\_\_\_\_

Principal's Approval: \_\_\_\_\_

Superintendent's Approval: \_\_\_\_\_

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(To be completed by Physician or Nurse – For first time volunteer)

Permission for Tuberculin Test: \_\_\_\_\_

Volunteer's Signature	Yes	No
Existing Medical Problem, Illness or Pregnancy	_____	_____
Medicated with Steroids within past month (for example – Prednisone, Cortisone, Etc.)	_____	_____
Virus within past month (for example – flu, chicken pox, etc.)	_____	_____
History of positive Tuberculin Skin Test	_____	_____

Test Site: \_\_\_\_\_ Material Used: \_\_\_\_\_

Date Administered: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_

Administered by: \_\_\_\_\_

Signature

List initial date of TB Test if completed previously: \_\_\_\_\_

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### PROCEDURE FOR COMPLETING VOLUNTEER FORM

1. All applications must be initiated by head coach or immediate supervisor.
2. All volunteers (even reoccurring ones) must complete a form yearly and for each activity. (TB Test required only for initial request).
3. The completed form must be turned in to the high school or elementary principal. The form will then be sent to the Superintendent's Office.
4. While the form is being reviewed for approval or disapproval, the volunteer may not supervise any students.
5. Once approved or disapproved, the applicant will be notified by the Superintendent and will be given a copy of the completed form.
6. If approved, the volunteer must work under the direct supervision of a school district employee and must abide by all policies and rules of the United School District.
7. All volunteers must have an ACT 24, ACT 34, ACT 114, and ACT 151 clearance reviewed and approved by the Central Administration Office. Clearances must be renewed every 60 months (5 years). ACT 24 required yearly.
8. All volunteers (even reoccurring ones) must review Board Policies yearly at time of completing form.