



Jamestown Area School District

Volunteer Application

School Year: _____

Name: _____

Address: _____

Phone: _____

I am applying to be a Level I or Level II volunteer in the Jamestown Area School District.
(please check one of the following options).

1. _____ **Position Volunteer** – an adult applying for or holding an unpaid position with a school or a program, activity or service, as a person responsible for the child's welfare or having direct volunteer contact with children. Examples include, but are not limited to, field trip chaperones, tutors, coaches, activity advisors, recess or library aides, etc.
2. _____ **Guest Volunteer** – an adult who voluntarily provides a service to the district, without compensation, who: (1) works directly under the supervision and direction of a school administrator, a teacher, or other member of the school staff; and (2) does not have direct volunteer contact. Examples include, but are not limited to, volunteering to assist in classroom celebrations, school assemblies, or school concerts; reading to students; collecting tickets at sporting events; working concession stands; participating in "Career Day", etc.

Please answer the statements below:

_____ I certify that I have lived in Pennsylvania for 10 years AND I swear I have never been convicted of a disqualifying crime in Pennsylvania, or the corresponding offenses under the laws of any other jurisdiction.

_____ I certify that I have read and understand the Jamestown Area School District's Board Policy #916 on Volunteers.

Applicant Signature: _____

Date: _____

1. Please state the activity for which you would like to volunteer (i.e. book fair, PTO room parent, etc.)

2. Do you have children/grandchildren in our district? ☐ Children ☐ Grandchildren

3. Have you ever been the subject of a child abuse complaint? ☐ Yes ☐ No

4. Have you ever been charged with or convicted of a felony or any crime involving minors? ☐ Yes ☐ No

5. Have you ever lived in a state other than Pennsylvania within the last 10 years? ☐ Yes ☐ No
If so, where and what year:

State: _____ Year: _____

(If you have not lived in Pennsylvania for the previous 10 years you are required to obtain Act 114 Clearance)

Applicants may be asked by the Administration/Principal to obtain FBI fingerprint clearances in addition to the documentation required below. New clearances must be obtained every five years.

Date On Form:

Volunteer Application

TB Test

Act 34 – State Police

Act 151 – Child Abuse

Act 114 – FBI Fingerprint
(if not in PA for 10 years)

Applicant Signature: _____ Date: _____

For Athletic Applicants **ONLY**:

☐ I recommend this applicant for approval. ☐ I do not recommend this applicant for approval.

Athletic Director Signature: _____ Date: _____

For **ALL** Applicants:

☐ I recommend this applicant for approval. ☐ I do not recommend this applicant for approval.

Principal Signature: _____ Date: _____

☐ I recommend this applicant for approval. ☐ I do not recommend this applicant for approval.

Superintendent Signature: _____ Date: _____
