GREENCASTLE-ANTRIM SCHOOL DISTRICT E.O.E.
DR. LURA HANKS, Superintendent

360 S Ridge Ave
Greencastle, PA 17225
(717) 597-3226

DR. EDWARD RIFE, Assistant Superintedent
CAROLINE ROYER, Chief Financial Officer
GINGER THOMPSON, Executive Director of Special Education

Volunteer Application Form

Please complete this form (please print) and return it to Human Resources (email preferred: abaird@gcasd.org)

NAME: _____ **Are you a G-ASD Employee?** _____

ADDRESS: _____ **Telephone-Day:** (___) _____

_____ **Night:** (___) _____

E-MAIL: _____

Are you a parent/relative of a current G-ASD student? _____

Student: _____ **Grade:** _____ **Relationship:** _____

Student: _____ **Grade:** _____ **Relationship:** _____

Student: _____ **Grade:** _____ **Relationship:** _____

Student: _____ **Grade:** _____ **Relationship:** _____

EMERGENCY INFORMATION

Emergency Contact: _____ **Relationship:** _____

Telephone-Home: (___) _____ **Telephone-Work/Cell:** (___) _____

Alternate Emergency Contact: _____ **Relationship:** _____

Telephone-Home: (___) _____ **Telephone-Work/Cell:** (___) _____

List any special health conditions or concerns (allergies, diabetes, pacemaker, etc.) (if none, please write "NONE" in the space provided)**:**

_____

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VOLUNTEER REQUIREMENT CHECKLIST and DISCLOSURE STATEMENT

I have completed the Greencastle-Antrim School District Volunteer Application Form and have submitted it, along with the other completed requirements, to the Human Resources Department:

- ☐ Volunteer Application Form
- ☐ Pennsylvania Child Abuse History Certification
- ☐ Pennsylvania State Police Criminal History Certification
- ☐ Federal (FBI) Criminal Background Certification
- ☐ TB Test
- ☐ Arrest/Conviction Report and Certification Form
- ☐ Confidentiality Agreement
- ☐ Mandated Reporter of Child Abuse Training Certificate

My signature below affirms understanding/confirmation of the following:

- I am responsible for tracking my clearance expiration dates and providing updated clearances to Human Resources in order to remain an active volunteer.
- All information provided on the Volunteer Application Form has been done so voluntarily and I give permission to G-ASD to provide my name and contact information to the appropriate buildings, teachers, staff, departments, PTO, etc. for the sole purpose of the Volunteer Program.
- All requirements must be satisfactorily completed prior to volunteering.
- No individual will be permitted to serve as a volunteer if his/her clearances provide evidence of an offense that would prohibit an individual from being employed in a PA public school, pursuant to Acts 153, 15, and 24.
- Clearances will be housed in Human Resources and will remain valid for five years from the date on each clearance. All clearances MUST be renewed every five years.
- I had read the Confidentiality Agreement and agree to never disclose information about a student's records to anyone other than an authorized school district employee. I will refer all requests for such information from those not directly involved in the student's education to an authorized school district employee.
- In the event that I need emergency treatment that requires medical care and/or ambulance service, I give permission to G-ASD to seek help from the nearest ambulance service/hospital available.
- I am responsible for contacting the Human Resources Department when updates are needed to my personal information (i.e. address, telephone, emergency contacts, etc.).
- A volunteer may be removed from the Volunteer Program at any time for any reason.

NAME (please print): _____ **Today's Date** _____

SIGNATURE: _____