

SPRING-FORD AREA SCHOOL DISTRICT

Volunteer Application

Name: _____

Phone Number: _____

Address:

Are you a parent/guardian/relative of a current Spring-Ford student(s)?

Student Name: _____

Grade/Building: _____

Student Name: _____

Grade/Building: _____

Student Name: _____

Grade/Building: _____

Student Name: _____

Grade/Building: _____

Do you have current Act 34 and Act 151 clearances:

YES

NO

If **YES**, provide documentation of the results with this application

If **NO**, please provide documentation of your application for Act 34 and Act 151 clearance

As a volunteer to the Spring-Ford Area School District, I understand that I am not an employee and will not receive any monetary compensation for the work I perform.

I understand that I am not entitled to workers' compensation or group medical and hospital benefits from the Spring-Ford Area School District. My personal insurance will apply while I am serving as a volunteer.

I understand that the Spring-Ford Area School District does not provide auto insurance coverage for my personal vehicle. My personal insurance will apply to my vehicle if I use it while I am serving as a volunteer.

I agree to follow all safety rules and all instructions from the building principal/designee.

My signature below indicates that I understand the conditions stated above, that I have been provided the above-mentioned policy, that I will follow all applicable rules, procedures, policies and instructions, and that all information provided by me is true:

(Signature of Volunteer)

(Date)

Signature of School Principal: _____

Date: _____

FOR SCHOOL USE ONLY:

