

**TYRONE AREA SCHOOL DISTRICT
LONG-TERM VOLUNTEER DISCLOSURE FORM**

"It is the policy of the Tyrone Area School District not to discriminate on the basis of gender, handicap, race and national origin in its educational and vocational programs, activities, or employment as required by Title IX, Section 504, and Title VI. Please direct questions about this policy to Cathy L. Harlow, Superintendent of Schools, at 814.684.0710 Ext. 4123."

Name: _____

Present Address: _____
Last First Middle City:

State: _____ Zip: _____ (Last 4 digits only) Social Security No: XXX-XX- _____ Home Phone: _____

Resident of Pennsylvania since (Month/Day/Year): _____

Volunteering For: _____

Description Of Duties: _____

Will You Be Driving A School Vehicle? Yes No Do You Have A Valid PA Driver's License? Yes No

Current Driver's License Number: _____ Expiration Date: _____

Act 34 Clearance Mailed: _____ Act 151 Clearance Mailed: _____

I apply for the position of volunteer with full understanding of the following:

1. This is not a paid position through the Tyrone Area School District and will not become a paid position.
2. I agree to read/review the following Tyrone Area School District Policies and Procedures
 - a. School Volunteers
 - b. Sexual Harassment Against Students and Employees
 - c. Student Accidents
 - d. Hazing (If applicable)
 - e. Drugs and Alcohol
 - f. Student Discipline
 - g. Coaches Safety Guidelines (If applicable)
3. I understand that while I am a volunteer, I am subject to supervision by the School District and if at any time, the School District feels it necessary to terminate my position, they may do so.

I swear and affirm that I have not been named as a perpetrator of a founded report for child abuse or founded a report for school employees as defined in the Child Protective Services Law.

I swear and affirm that I have not been convicted of any violations of Title 18 of the Pennsylvania Consolidated Statutes or equivalent crimes in another state.

The information I have provided on this application is true and complete to the best of my knowledge and any falsified information may be justification for my dismissal if discovered at a later date.

Volunteer's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Administrator/Athletic Director: _____ Date: _____