

EAST STROUDSBURG AREA SCHOOL DISTRICT

Volunteer Application

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

I would like to volunteer at \_\_\_\_\_ for the 20\_\_\_\_ - 20\_\_\_\_ school year.  
(Name of School Building)

List any particular program(s) and/or activity for which you would like to volunteer: \_\_\_\_\_  
\_\_\_\_\_

Have you had a Tuberculosis test over the past two (2) years?  YES  NO

If YES: Provide documentation of the results with this application  
If NO: Please see the school principal prior to volunteering

Do you have current Act 34 and 151 clearances?  YES  NO

If YES: Provide documentation of the results with this application  
If NO: Please see the school principal prior to volunteering

Have you ever been convicted of a felony?  YES  NO

I have been provided a copy of Board Policy No. 916, *School Volunteer Policy*.  YES  NO

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

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

I understand that the East Stroudsburg 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 my supervisor. I understand that if I do not follow such rules and/or instructions, I may be terminated as a District volunteer without formal or due process proceedings

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:**  
\_\_\_\_\_  
\_\_\_\_\_