SHIPPENSBURG AREA SCHOOL DISTRICT

317 N. Morris Street, Shippensburg PA 17257
717.530.2700 www.shipk12.org

VOLUNTEER APPLICATION FORM - 20__/20__ SCHOOL YEAR

Date _____

Are you a new SASD volunteer? Yes ☐ No ☐

Are you an SASD Employee? Yes ☐ No ☐

Name _____ Phone Number _____

Address _____

Email _____

Name, teacher and grade (elementary), or building and grade (secondary), of children or grandchildren in the District.

Child's Name	Teacher/Building	Grade

For the above school year I plan to be a:

☐ **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 advisor, etc.

- **Per Policy #916 the Superintendent or Designee must approve all Position Volunteers PRIOR TO volunteering. Clearances, TB test, etc. are required.**

☐ **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.

- **Per Policy #916 the Building Principal or Designee must approve all Guest Volunteers PRIOR TO volunteering. Clearances, TB test, etc. are NOT required.**

As a volunteer in the Shippensburg Area School District, I make a commitment to follow the guidelines, policies and procedures of the Volunteer Program. I agree that I will be dependable, respectful of confidential information, and a responsible participant in the school community.

Signature _____ Date _____