



Southern Columbia Area School District Volunteer Application

Contact Information

Name	
Street Address	
City, ST, ZIP	
Primary Phone	
Work Phone	
E-Mail Address	

Availability and Location

During which hours are you available and in which building(s) would you like to volunteer?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> G.C. Hartman Elementary Center |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> High School |

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Evening Activities |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Field Trips/Special Events | <input type="checkbox"/> Club/Activity Advisor |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other: Please Specify: |
| <input type="checkbox"/> Library | |
| <input type="checkbox"/> Music (Band/Chorus) | |

Previous Volunteer Experience, Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Additional Information

I have been a continuous resident of Pennsylvania since _____ (year).

Have you ever volunteered in the Southern Columbia Area School District before? ___ No ___ Yes
If yes, where and when:

Do you have a child attending Southern Columbia Area School District? ___ No ___ Yes
If yes, what grade(s) are they in:

Person to Notify in Case of Emergency

Name	
Street Address	
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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete and that I have read the volunteer handbook. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of Southern Columbia Area School District to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Requests to serve as a volunteer must be approved annually.

Thank you for completing this application form and for your interest in volunteering with us.

For District Use Only - Do Not Write in Area Below

Teacher/Coach/Advisor	
Athletic Director	
Principal	
Superintendent	
School Board Approval	
Act 34 Clearance	
Act 151 Clearance	
Act 114 Clearance	
Volunteer Affirmation	
Statement of Confidentiality	
TB Test	
Orientation/Mandated Reporter Training	