



School Year: \_\_\_\_\_

## Community Volunteer Registration and Disclosure Statement

### VOLUNTEER INFORMATION

Volunteer Name: \_\_\_\_\_  
Last First Middle

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

Primary Phone Number: \_\_\_\_\_ \_\_\_home \_\_\_mobile \_\_\_work

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

I am the parent/guardian of an SASD student: \_\_\_Yes \_\_\_No

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

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I affirm that I have been provided with a copy of, and have read and understand, and agree to comply with the District's Policy #916 regarding Community Volunteers

Waiver of Federal Criminal History Report Requirement.  
***Volunteers who affirm the statement below shall not be required to obtain and submit the Federal Criminal History Report.***

I affirm that I have been a resident of this Commonwealth during the entirety of the previous ten-year period and that I am not disqualified from service based upon a conviction of an offense under §6344 of Act 134.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Community Volunteer

Office use  
Rec'd \_\_\_\_\_ Date \_\_\_\_\_