

DERRY TOWNSHIP SCHOOL DISTRICT

VOLUNTEER REGISTRATION FORM



VOLUNTEER CONTACT INFORMATION

Name: _____ Home Number: _____
Address: _____ Work Number: _____
City: _____ Cell Number: _____
State: _____ Zip Code: _____ Email Address: _____

In what building(s)/area(s) do you plan to volunteer?

- Early Childhood Center
 Primary / Intermediate Elementary School
 Middle School
 High School
 Athletics
 Other (please list): _____

CERTIFICATION INFORMATION

Have you obtained the following?

Yes	No	Certification	Issued Date
<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania Child Abuse History Certification	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania State Police Criminal Record Check	_____
<input type="checkbox"/>	<input type="checkbox"/>	FBI Federal Criminal History Check	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mandated Reporter Training Certification	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis Screening (1 st time volunteers only)	_____

Your signature indicates that you have received and read this manual and agree to comply with all district policies and volunteer procedures.

Signature: _____ **Date:** _____

EMERGENCY CONTACT INFORMATION FOR THE VOLUNTEER

Emergency Contact: _____	Alternative Emergency Contact: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Special Health Problems/Allergies/or medications we should know about: _____

Physician Preference: _____

Physician Phone: _____

Hospital Preference: _____

In the event that I need emergency treatment requiring ambulance service and/or medical care you have my permission to seek help as listed above or nearest MD/DO or hospital available. I will assume responsibility for fees incurred by such an emergency (via my medial insurance if applicable).

Signature: _____ **Date:** _____