UNIVERSITY SCHOOL DISTRICT
District Administration Office
10780 Rte 56 Hwy. East., Armagh, PA 15920
814-446-5615

VOLUNTEER FORM

Name: ___________________________________________

Address: _______________________________________

Telephone #: ___________________________ Email: ___________________________

Activity: _______________________________________

Supervising Sponsor/ Coach: ___________________________

Period of Participation: __________________________ (This should be limited to the present school year.)

*Reoccurring Volunteer ____ (clearances on file with district - must be renewed every 60 months)
All clearances MUST be attached. Act 24 ____ Act 34 _____ Act 114 ____ Act 151 ____
Board Policies completed _______

I agree to follow all of the procedures and policies of the United School District while serving as a volunteer. I understand that violations of those procedures and policies could result in the loss of my privilege to serve as a volunteer for the district. Furthermore, I understand that I will be supervised by the coach(es)/sponsor(s) hired by the district.

Volunteer's Signature: ___________________________ Date: __________________

Supervising Sponsor/Coach Approval: ___________________________

Principal's Approval: ___________________________

Superintendent's Approval: ___________________________ 
(To be completed by Physician or Nurse – For first time volunteer)

Permission for Tuberculin Test: ___________________________

<table>
<thead>
<tr>
<th>Volunteer's Signature</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Medical Problem, Illness or Pregnancy</td>
<td></td>
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<tr>
<td>Medicated with Steroids within past month</td>
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<tr>
<td>(for example – Prednisone, Cortisone, Etc.)</td>
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<tr>
<td>Virus within past month</td>
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<tr>
<td>(for example – flu, chicken pox, etc.)</td>
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<tr>
<td>History of positive Tuberculin Skin Test</td>
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</tbody>
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Test Site: ___________________________ Material Used: ___________________________

Date Administered: _____________ Date Read: _____________ Result: _____________

Administered by: ___________________________ Signature ___________________________

List initial date of TB Test if completed previously: ___________________________ June 2017
PROCEDURE FOR COMPLETING VOLUNTEER FORM

1. All applications must be initiated by head coach or immediate supervisor.

2. All volunteers (even reoccurring ones) must complete a form yearly and for each activity. (TB Test required only for initial request).

3. The completed form must be turned in to the high school or elementary principal. The form will then be sent to the Superintendent’s Office.

4. While the form is being reviewed for approval or disapproval, the volunteer may not supervise any students.

5. Once approved or disapproved, the applicant will be notified by the Superintendent and will be given a copy of the completed form.

6. If approved, the volunteer must work under the direct supervision of a school district employee and must abide by all policies and rules of the United School District.

7. All volunteers must have an ACT 24, ACT 34, ACT 114, and ACT 151 clearance reviewed and approved by the Central Administration Office. Clearances must be renewed every 60 months (5 years). ACT 24 required yearly.

8. All volunteers (even reoccurring ones) must review Board Policies yearly at time of completing form.