



Donegal School District

1051 Koser Road
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www.donegal.k12.pa.us

Volunteer Information Guidelines

Thank you for your interest in serving as a volunteer in the Donegal School District. The time, energy, and talents that you share will enhance the educational experience of our students.

In order to provide a safe learning environment for all students, volunteers are required to provide the following documents prior to working with students or staff.

- **Volunteer Application**

- All volunteers must complete the Volunteer Application.
- Volunteers under the direct supervision of a school district employee need to submit only the Volunteer Application. Example: classroom events, mentors in supervised area.

Volunteers who are with students outside the direct supervision or presence of a school district employee (example: off campus field trips, music chaperones, athletic coaches, equipment managers, mentors in unsupervised areas) *must also provide the following:*

- **PA State Police Criminal Record Check (Act 34)**

- <https://epatch.state.pa.us/Home.jsp>
- Complete online at the web address referenced above; with \$10 fee paid by credit card.
- Print out results page as proof of completed clearance.

- **PA Child Abuse Criminal Record Check (Act 151)**

- <http://www.dpw.state.pa.us/findaform/childabusehistoryclearanceforms/index.htm>
- Download form online at the web address referenced above - PA Dept. of Public Welfare
- **Mailed** with \$10 money order. Do NOT send cash or personal check.
- Keep a copy of completed document with money order as proof of having filed for clearance.

- **FBI Clearance - Registration and Fingerprinting**

- <https://www.pa.cogentid.com/index.htm>
- Registration completed online at the web address referenced above - *prior* to going to the fingerprint site.
- \$33 fee paid by credit card. An unofficial copy can be obtained for \$2.50 fee at time of registration.
- Choose PDE – PA Dept. Education for correct background check.
- The unique identification number (PAE #) is required for the District to access the clearance on the COGENT website.

- **TB Test**

- Volunteers who are with students 10 hours or more per week must also provide documentation of a TB test administered within one year of the volunteer application date.

Please bring your application and appropriate original background clearances to the appropriate Building Principal or Athletic Director (for coach volunteers) for provisional 60 day approval. Your name will then be presented to the Donegal School Board for final approval as a district volunteer.

You will be eligible to volunteer as long as you continue to volunteer at least once each school year.

Some tips for making the most of your time as a volunteer:

- ✓ Maintain confidentiality regarding anything you hear or observe concerning students.
- ✓ Be on time for all assignments; contact the office as soon as possible if you must cancel.
- ✓ Have students address you as “Mr./Mrs./Ms. ___” unless the teachers suggests otherwise.
- ✓ Follow guidance offered by the classroom teacher; communicate concerns or request help when appropriate.
- ✓ Show interest in the students, their accomplishments, and their activities.

On behalf of the students, staff, and community we sincerely thank you for your service to the Donegal School District.

Volunteer Application

Complete this form and return with the appropriate clearances to the Building Principal and/or Athletic Director.

Name: _____

Address (street): _____

Address (City, State, Zip): _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

Email Address: _____

Are you a parent of a current DSD student? If yes, please complete the following:

Student(s) Name _____ School: _____

AREAS OF INTEREST: Please circle all that apply (Coaching volunteers must be approved by the Athletic Director):

Chaperone/Field Trips (off-campus)

Mentor

Classroom/Special Events

Band/Music Events

Other _____

Athletics/Sports: _____

School/Building _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____ Relationship: _____

Contact's Home Phone: _____ Work: _____ Cell: _____

Alternate Emergency Contact: _____ Relationship: _____

Alt. Home Phone: _____ Work: _____ Cell: _____

Physician Preference: _____ Phone: _____

Hospital Preference: _____ Phone: _____

In the event that I need emergency treatment requiring an ambulance and/or medical care, you have my permission to seek help as listed above or the nearest MD/DO or ambulance/hospital available. I will assume responsibility for any and all fees incurred by such an emergency.

Signature: _____ Date: _____

Print Name: _____

Confidentiality Statement:

By signing this document, you agree that you have received and read the Volunteer Information Guidelines, will maintain confidentially regarding staff/student information and act in an appropriate manner while participating as a volunteer in the Donegal School District.

Signature: _____ Date: _____