400 West Hemlock Avenue
Kane PA 16735-1696

Phone: (814) 837-9570
Fax: (814) 837-9133

KANE AREA SCHOOL DISTRICT

Volunteer Application

Name_____

Address_____

Phone_____cell phone_____e-mail_____

Activity(ies) for which I would like to volunteer:
_____

Level I – Position Volunteer II – Guest Volunteer (principal to circle appropriate level)

I have been provided with a copy of, have read, understand, and agree to comply with the Volunteer Policy #916 _____ Date_____

I may drive my car as part of this volunteer service: _____Yes _____No

If so, my license number is:_____

I have had a TB test _____Yes _____No Approximately when_____

I will need clearances: _____No Yes ____
Arrest/Conviction and Certification Form Act 82 _____
PA State Police Act 34 _____
PA Child Abuse Act 151 _____
Volunteer Affidavit Form _____
Mandated Reporter Certificate _____

Principal Signature_____ Date _____

Advisor Signature_____ Date _____

Check if you volunteered last year and are renewing your application _____