

CLAYSBURG-KIMMEL SCHOOL DISTRICT
VOLUNTEER INFORMATION FORM

VOLUNTEER NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

BIRTHDATE _____ S. S. NUMBER _____

GENDER M _____ F _____ MARITAL STATUS S _____ M _____

VOLUNTEER LOCATION/BUILDING AND/OR SPORT:

Signature

Date

Please return this form, your PA Child Abuse History Clearance, your PA State Police Criminal Background Check and your Volunteer Affidavit to the Business Office. We must receive all of these before you can begin to volunteer. The following are the websites to apply for your volunteer clearances:

- www.psp.pa.gov
- <https://www.compass.state.pa.us/cwis/public/home>