



VOLUNTEER APPLICATION FORM

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Preferred Contact Home Phone Cell Phone Email

Please select the option that best represents your affiliation with ELCO:

Parent/Guardian? Student(s) Name/Grade _____

Senior Tax Work-Off Program

Other, Describe _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone _____

Please select the schools where you are requesting to volunteer.

Fort Zeller Elementary Intermediate School Middle School

Jackson Elementary High School

Please indicate the areas where you would like to volunteer.

Classroom Cafeteria Coaching

Field Trips Playground Other _____

Office/Clerical

Please continue to second page →

VOLUNTEER APPLICATION FORM (Continued)

Please select the days/times you wish to volunteer (if applicable).

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Restrictions and/or Accommodations

Please list any restrictions you may have and/or accommodations you require:

Volunteer Handbook

As a condition of volunteering in any District building, the volunteer's signature on this application form acknowledges:

- Understanding and agreement to the guidelines established in this ELCO Volunteer Handbook.
- Understanding and agreement to the ELCO School District's policies that relate to volunteers.
- Agreement to the guidelines established by the school building(s) for volunteers.

Recognizing and Reporting Suspected Child Abuse

As a condition of volunteering in any District building, the volunteer's signature on this application form acknowledges that I have completed the Recognizing and Reporting Suspected Child Abuse (www.reportabusepa.pitt.edu) within the last five years, and that it is my responsibility to renew and complete this training every five years. Furthermore, I understand that it is my responsibility to immediately and directly report any suspected child abuse to ChildLine (<https://www.compass.state.pa.us/cwis> or 1-800-932-0313). Senior Tax Work-Off Program Volunteers will complete this training during the initial orientation.

Volunteer Name (please print) _____

Signature _____ Date _____

Senior Tax Work-Off Program ONLY - Continue to Next Page

OFFICE USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Volunteer Application
<input type="checkbox"/> PA Criminal Background History
<input type="checkbox"/> PA Child Abuse History
<input type="checkbox"/> Affidavit Form or FBI Fingerprint Check | <input type="checkbox"/> Recognizing and Reporting Child Abuse Certificate
<input type="checkbox"/> Senior Tax Work-Off Program Form
<input type="checkbox"/> Board Approval Date _____ |
|--|---|

Senior Tax Work-Off Program Form

Complete this section ONLY if you are applying to be part of the Senior Tax Work-Off Program

Please select additional jobs/tasks in which you are interested:

Clerical Aide - may involve making photocopies, laminating, data entry, etc.

Custodian - may involve emptying trash, cleaning desks, etc. in the absence of a custodian (these hours would most likely be 3:00 - 7:00 PM)

Tutoring - primarily in elementary grades. This involves working with 1-3 students at a time.

Assist with drama productions/musicals - i.e. costumes

Selling/taking tickets at athletic events, etc.

Mowing

Cafeteria monitoring - at the elementary buildings

Other: _____

Experience: Please list experiences and types of skills that might qualify you to be assigned to the jobs in which you have indicated interest.

I understand that if I qualify and am chosen for the district's tax work-off program, I understand that I may earn a maximum of \$550, which will be paid via direct deposit in late June to be applied to the real estate tax obligations for the property at which I reside and am legally responsible for paying property taxes. I understand if I move from the district during the year, I will not be paid for my hours. I certify that to the best of my knowledge, the information in the application is true and accurate.

*Returning volunteers please be sure our Payroll Department has your current bank information.

Signature _____ Date _____