

## CARLISLE AREA SCHOOL DISTRICT

## Application/Checklist for Volunteers

Please use this form to complete the process to become a volunteer in the Carlisle Area School District. All items must be complete before submitting to a building secretary or Athletic Department. All paperwork must be submitted at least 24 hours prior to event for District Office approval.

**Volunteer Guidelines Handbook** – I have received, read and understood the Volunteer Guidelines Handbook and will abide by the rules outlined in this document and Board Policy #916. By signing and returning this form, I acknowledge I agree and will comply with guidelines set forth in the handbook.

School Building/Department	Teacher/Coach	Student(s) Name
Volunteer Name (Print)	Signature / Date	
Act 34 PA Criminal Ch	neck Clearance (attach co	ру)
Act 151 PA Child Abuse	e Certification (attach co	py)
Act 114 FBI Fingerprinting Clearance (attach copy <i>if required</i> )		
Volunteer Affidavit (co	omplete if Act 114 is not r	required and sign & attach)
	office use only	
Date Received	Name of individual Receiv	ving Forms (initial beside name)
Act 34 Criminal Check (	Clearance	
Act 151 Child Abuse Ce	rtification	
Act 114 FBI Clearance	or Volunteer Af	ffidavit