

SOUTHERN TIOGA SCHOOL DISTRICT

# VOLUNTEER INFORMATION and APPROVAL FORM

**Boyanowski Administration Building**  
241 Main Street, Blossburg, PA 16912  
www.southerntioga.org 570-638-2183  
updated August 2015



**Check the school(s) in which you wish to volunteer:**

- Blossburg Elementary School, 133 Hannibal Street, Blossburg, PA 16912, 570-638-2146
- Liberty Elementary School, 8622 Route 414, Liberty, PA 16930, 570-324-2521
- North Penn-Liberty Jr. Sr. High School, 8675 Route 414, Liberty, PA 16930, 570-324-2071
- W. L. Miller Elementary School, Dorsett Drive, Mansfield, PA 16933, 570-662-2192
- North Penn-Mansfield Jr. Sr. High School, 73 W. Wellsboro Street, Mansfield, PA 16933, 570-662-2674

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Student Group or Program:** \_\_\_\_\_

**I would like to provide assistance in the following area(s):** \_\_\_\_\_

**Education/Professional Training if applicable:**

	School/Training	Degree/Certificate	Date Received
Secondary			
College			
Other			

**Activities:**

With what youth groups have you had leadership experience (4-H, boy/girl scouts, youth sports, etc.)?

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What knowledge/skills/hobbies would you be interested in sharing with our schools, staff and students?

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*Making the decision to volunteer your time and talents to the students of the Southern Tioga School District is a very honorable one...and a decision with which we hope you will be pleased.*

**General Requirements:**

The basic requirement of volunteer service shall be: interest in the educational program; enjoyment in helping children; and a sincere belief that by volunteering, a contribution will be made to the learning process. Volunteers shall not be asked to assume the professional responsibilities of the school staff. Volunteers may provide assistance that is supportive, when under the direction of a staff member or district employee.

***As a volunteer in the Southern Tioga School District, I agree to the following:***

- Understand that my volunteer services are without compensation and workers’ compensation insurance is not being provided to me.
- Understand that my approval as a volunteer is required annually.
- Agree to work under the direction/supervision of the teacher or administrator to whom I am assigned and abide by school rules, regulations, policies.
- Agree to not directly administer discipline to students.
- Agree to not administer first aid, except in emergencies.
- Agree to maintain confidentiality of all student and staff information that I may work with or come in contact with while volunteering.

I have read and understand the Southern Tioga School Board Policy on Volunteers and the statements above. The information provided on this data sheet is true and complete to the best of my knowledge. I understand that falsified information may disqualify me from volunteering in the Southern Tioga School District.

Volunteer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Principal’s Approval and Recommendation:**

I recommend this applicant as a volunteer for the \_\_\_\_\_ program during the \_\_\_\_\_ school year.

Principal’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**District Office Confirmation:**

- State Police Clearance (Act 34) – Date \_\_\_\_\_
- Child Abuse History Clearance (Act 151) – Date \_\_\_\_\_
- TB Test Results/Doctor’s Statement – Date \_\_\_\_\_
- Federal Background Check (Act 114) OR  Sworn Volunteer Affidavit
- Mandated Reporter Training Certificate – Date \_\_\_\_\_

Board approval date: \_\_\_\_\_

Office Staff Verification: \_\_\_\_\_