

Rockwood Area School District
439 Somerset Avenue, Rockwood, PA 15557

** **IMPORTANT NOTE:** Please circle one of the following: **Position Volunteer** or **Guest Volunteer***

Volunteer Agreement Form

As a volunteer for the _____ program for the 20____ - 20____ school year at the Rockwood Area School District, I understand I am **not an employee** and will not receive monetary compensation for the work I perform.

Prior to volunteering, I will submit the following required clearances: Act 34 – PA State Police Criminal Record Check, Act 151- PA Child Abuse, and Act 114 FBI Fingerprinting (or affidavit if applicable - see immediate advisor, coach, or supervisor for details), Act 126 – Mandated Recognizing & Reporting Child Abuse training, and PDE 6004 form – Arrest/Conviction Report. I also agree to submit the results of a tuberculosis (TB) test if volunteering to work directly with students 10 or more hours/week.

I understand that I am not entitled to workers’ compensation or group medical/hospital/dental benefits from the Rockwood Area School District. My personal insurance will apply while I am a volunteer.

In the event I am injured while serving in this capacity, I will not hold the School District and/or its employees responsible for any or all of the expenses incurred.

I understand that the Rockwood Area School District does not provide auto insurance coverage for my personal vehicle. My personal insurance will apply to my vehicle if I use it while I am a volunteer.

I agree to follow all safety rules and to follow all instructions from my supervisor. I understand that if I do not follow these rules and instructions, I will receive a verbal warning or a written warning, and may possibly be dismissed from the volunteer program.

My signature below indicates that I understand the conditions stated above, and I will follow all applicable rules, procedures, policies, and instructions.

Signature of Volunteer

Date

Volunteer Name (please print)

Phone Number (including area code)

Complete Address: Street/P.O. Box, City, State, Zip Code

Signature of Advisor/Coach/Immediate Supervisor

Date

Signature of Athletic Director

Date

Signature of School Principal

Date

Signature of Superintendent

Date

NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED EACH YEAR. CLEARANCES MUST BE PROVIDED BEFORE THE VOLUNTEER WILL BE RECOMMENDED FOR INITIAL SCHOOL BOARD APPROVAL.