

Delaware Valley School District

Volunteer Personal Data Sheet

Date _____

Name _____ (Last) _____ (First)

Address _____

Phone (Home) _____ (Cell) _____

Email Address _____

Emergency Contact _____ (Last) _____ (First)

Emergency Contact Phone (Home) _____ (Cell) _____

Doctor _____ Phone _____

Dentist _____ Phone _____

For Official Use

Administrator Approval _____ Date _____

The following forms must be attached: **(All results must be less than one year old.)**

*****PLEASE KEEP YOUR ORIGINALS!*****
*****ONLY COPIES OF CLEARANCES SHOULD BE SUBMITTED! ONCE CLEARANCES ARE SUBMITTED, WE CANNOT COPY FOR YOU AT A LATER DATE!*****

Required Clearances	Date	Tracking Number
PA State Police Criminal Record Check https://epatch.state.pa.us/		
Child Abuse History Clearance https://www.compass.state.pa.us/cwis/public/home		Certification ID
FBI Fingerprint * Registration Form Only https://uenroll.identogo.com/ Service Code: 1KG6ZJ Location Code SP-DELVALLMIL		UEID number
Act 24 of 2016 Form		

*Please note if you have an infraction you should write a confidential statement of explanation and attach it to your clearances to expedite the approval process.