

Delaware Valley School District

Volunteer Personal Data Sheet

Date _____

Volunteer Name _____
(Last) (First)

Address _____

Phone(Home) _____ (Cell) _____

Child's Name _____ Grade _____ Building _____

Child's Name _____ Grade _____ Building _____

Child's Name _____ Grade _____ Building _____

Emergency Contact _____
(Last) (First)

Emergency Contact Phone(Home) _____ (Cell) _____

Doctor _____ Phone _____

Dentist _____ Phone _____

For Official Use

Administrator Approval _____

***Volunteer Personal Data Sheet should go to the building principal of the youngest student listed on data sheet.**

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

PA State Police Criminal Record Check <https://epatch.state.pa.us/> _____

Child Abuse History Clearance <https://www.compass.state.pa.us/cwis/public/home> _____

FBI Criminal Clearance <https://www.pa.cogentid.com> (Select Department of Education) _____

Act 24 2011 Form _____

TB Test Results _____

06/13/2016