

Delaware Valley School District

Volunteer Personal Data Sheet

Date _____

Volunteer Name _____
(Last) (First)

Address _____

Phone (Home) _____ (Cell) _____

Email Address _____

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 _____ Date _____

***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.)**

*****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 * <u>Registration Form Only</u> https://uenroll.identogo.com/ Service Code: 1KG6XN 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.