



TUNKHANNOCK AREA SCHOOL DISTRICT

**Heather McPherson
Superintendent**

VOLUNTEER DATA SHEET

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The requirements of this form must be completed in its entirety and Board approved before volunteering.

Name: _____ Date: _____

Address: _____

Phone Number: _____

Type of Volunteer Activity: _____ Bldg: _____

Staff Member you will be assigned to: _____

Building Principal/Supervisor's Signature: _____

Date of Board Approval: _____

Clearances Required:

- TB Test _____
- Act 34 (Criminal Check) _____
- Act 151 (Child Abuse) _____
- Act 114 (FBI Fingerprint)/or Volunteer Waiver _____
- Act 24 Arrest/Conviction Report and Certification Form _____
- Acknowledgement of Volunteer Obligations Form _____