



School Year: _____

Parent/Guardian Volunteer Registration and Disclosure Statement

VOLUNTEER INFORMATION

Parent/Guardian Name: _____
Last First Middle

I am the parent/guardian of an SASD student: Yes No

STUDENT INFORMATION

Child's Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact: _____
Name Relationship Phone

I affirm that I have been provided with a copy of, and have read and understand, and agree to comply with the District's Policy #916 regarding Community Volunteers

Waiver of Federal Criminal History Report Requirement.
Volunteers who affirm the statement below shall not be required to obtain and submit the Federal Criminal History Report.

I affirm that I have been a resident of this Commonwealth during the entirety of the previous ten-year period and that I am not disqualified from service based upon a conviction of an offense under §6344 of Act 134.

Date

Signature of Community Volunteer

Office use
 Rec'd _____ Date _____