

**SCASD Volunteer Policy And Procedure Form
2019-2020**

The Volunteer Information website provides important information relating to District procedures and expectations. Volunteers are expected to understand and abide by all District policies, procedures, and expectations. Each volunteer is asked to review annually the information included on www.scasd.org/volunteer/policies. Then, complete this form confirming that you have reviewed and understand the items listed below and return it to:

Volunteers in Public Schools (VIPS) Supervisor
SCASD Community Education Office
240 Villa Crest Drive
State College, PA 16801

If you have any questions, please contact the VIPS Supervisor who is best reached by email at volunteers@scasd.org or by phone at 814-231-1062.

Policy 100.1- School Climate/Inclusive Excellence
Policy 141- Wellness
Policy 207- Confidential Communications
Policy 218.1 - Weapons
Policy 222- Smoking/Tobacco Products

Policy 227- Drug and Alcohol Policy
Policy 248- Pupils-Sexual Harassment
Policy 249- Anti-Harassment Policy
Policy 806- Child Abuse Policy & Guidelines
Policy 907- School Visitors

I swear/affirm that I have not been involved in the attempt, solicitation, or conspiracy to commit any of the prohibited activities set forth above. I understand that I will not be allowed to volunteer if I am named as a perpetrator of a founded report of child abuse or convicted of any of the prohibited activities listed above subsequent to providing the required clearances. I also understand that the School District retains the right to refuse me permission to serve as a volunteer for any reason that, in its judgment, renders the applicant unsuitable to serve in that capacity.

By signing this document, I confirm that I have reviewed the items listed above and understand all pertinent volunteer responsibilities.

Signature _____ Date _____

Name Printed _____ Email _____

Please check one:

- I previously submitted clearances.
- The supervisor I am volunteering with informed me I do not need clearances. (Please list the supervisor's name and activity to exempt clearance) _____
- I have included my clearances with this form.

Please select all the schools at which you intend to volunteer for the 2019-2020 school year.

- | | |
|---|---|
| <input type="checkbox"/> Corl Street | <input type="checkbox"/> Park Forest Elementary |
| <input type="checkbox"/> Easterly Parkway | <input type="checkbox"/> Radio Park |
| <input type="checkbox"/> Ferguson Township | <input type="checkbox"/> Delta |
| <input type="checkbox"/> Grays Woods | <input type="checkbox"/> Mount Nittany Middle |
| <input type="checkbox"/> Spring Creek | <input type="checkbox"/> Park Forest Middle |
| <input type="checkbox"/> Mount Nittany Elementary | <input type="checkbox"/> State High |