Ephrata Area School District
803 Oak Boulevard, Ephrata, PA 17522
(717) 721-1513

VOLUNTEER APPLICATION FORM

Directions: Complete this form and return it with all listed requirements to the Human Resources Department in the District Office prior to volunteering.

Name:_____
Address:_____
_____
Phone: Day _____ Evening _____
Email Address: _____@_____
Are you a parent or relative of a current EASD student? _____
Student's Name: _____ School: _____Relationship: _____
Student's Name: _____ School: _____Relationship: _____

Do you currently hold Act 34, 151, and 114 clearances **less than 12 months old**? _____
(If you are an EASD employee, please answer "Employee")

If no, have you applied for these clearances: Yes / No Date you applied for clearances: _____

EMERGENCY INFORMATION

Birth Date: _____
Emergency Contact: _____Relationship: _____
Home Phone: _____ Work Phone: _____
Alternate Emergency Contact: _____Relationship: _____
Home Phone: _____ Work Phone: _____

Special Health Problems / Allergies / Medications we should know about: _____
_____

Physician Preference: _____ Physician Phone:_____
Hospital Preference: _____ Ambulance Preference: _____

In the event that I need emergency treatment requiring ambulance service and/or medical care, you have my permission to seek help as listed above or nearest MD/DO or ambulance/hospital available. I will assume responsibility for fees incurred by such an emergency (via my medical insurance if applicable).

Your signature below indicates that you have received and read the School Volunteers Policy 916 and agree with the terms.

Signature: _____Date: _____