

## OCTORARA AREA SCHOOL DISTRICT 228 Highland Road, Suite 1, Atglen, PA 19310

## **VOLUNTEER DISCLOSURE FORM**

Required by SD Policies 916 (Volunteers); 806 (Child Abuse); 818 (Contracted Services); [819 (Background Checks) This form supplements PDE-6004 Arrest/Conviction Report and Certification Form.

Name	Phone #		
Address			
City	StateZip		
School Building	Name of Child or Children		
Description of volunteer or chap	perone assignment		
One entirety of the previous	swear and affirm that I have been a resident of Pennsylvania during the ten (10) years.  swear and affirm that I have been a resident for less than 10 years and		
I understand I must sub <b>NEEDED for Visitor.</b>	omit my FBI Clearance before I can Volunteer. FBI Clearance NOT		
	offirm that I have <b>not</b> been named as a perpetrator of a founded report ned as the individual responsible for injury or abuse in a founded report		
	offirm that I have <b>not</b> been convicted of one or more of the following ansylvania Consolidated Statutes or equivalent crime in another state		
Section 2709 (relating to h	iminal homicide). Section 2702 (relating to aggravated assault). narassment). Section 2901 (relating to kidnapping). unlawful restraint). Section 3121 (relating to rape). tatutory rape).		
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Section 4304 (relating to e Section 4305 (relating to d	concealing death of child born out of wedlock).  Endangering welfare of children).  Healing in infant children).  Ection 5902(b) (relating to prostitution and related offenses).		
Section 5903(c) or (d) (relating to c Section 6312 (relating to s	ating to obscene and other sexual materials). corruption of minors).		

I understand that in the event that I am offenses or if I am listed as a perpetrate Department of Human Relations within	or of a founded report of	•	
I have read and acknowledged Octo 806 Child Abuse.	orara's School Board Po	olicy No. 916/Voluntee	ers and Policy no.
I hereby swear/affirm that the information penalty for false swearing is a misdeme Crimes Code.			
Print Name	Signati	ıre	
Date			
Witness			
Print Name	Signati	ıre	
Date			
	mergency Informa		
Name	Relationship	Phor	ne
Name	Relationship	Phor	ne
Family Doctor	Phone		
List any special medical problem or alle	rgy to medications for	the person listed abov	e.