

Mifflin County School District

Volunteer Application

Name _____ Date _____

First M.I. Last

Address _____

Street City State Zip Code

Telephone () _____ Social Security Number ____-____-____

At which school(s) do you wish to volunteer? _____

What day(s)/time(s) do you wish to volunteer? _____

For which specific activities do you wish to volunteer? _____

-For MCSD Use Only-

Required: _____ Act 151 Clearance _____ Act 34 Clearance _____ FBI Clearance
_____ TB Test _____ Hepatitis B Vaccination (Optional)

Approval Signatures: Principal _____ Date _____

Supervisor _____ Date _____

Superintendent _____ Date _____

School Board Approval on (M/D/Y) _____

Volunteers may not begin until all approvals have been met. It will be the principal's responsibility to notify the volunteer of their approval. This form is to be kept on file in the principal's office. NOTE: Costs for the required clearances and medical tests are not paid for by the School District.