

**UNION CITY AREA SCHOOL DISTRICT**  
**107 CONCORD STREET**  
**UNION CITY, PA 16438**  
**Phone: (814) 438-3804 Fax: (814) 438-2030**  
 District website: [www.ucasd.org](http://www.ucasd.org)

## **NEW VOLUNTEER APPLICATION**

Name	
Street Address	
City, State, Zip Code	
Primary Phone Number	
Alternate Phone Number	
E-mail Address (PRINT CLEARLY)	Active and regularly monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No

I acknowledge that I am at least eighteen (18) years of age which is a District requirement to serve as a volunteer.

Please list in the box below the position(s) for which you wish to serve as a volunteer.

A complete application packet must be submitted to the District Administration Office before your name can be presented to the School Board for approval. (See deadline dates listed on the cover letter.)

**Confidentiality:** As a school volunteer, I acknowledge that I may become aware of information about a student and/or his/her family which is confidential. This can include grades, performance, skill levels, behavior and other information. I agree that confidentiality of student information is critical and I shall protect and not disclose such information should I become aware of it. Should any information present an imminent threat to others, I agree to share the information with a building administrator immediately.

**Clearances:** I understand my clearances remain valid for 60 months from the date of issuance, provided I am Board-approved annually as a volunteer. If my clearances expire and have not been renewed and submitted to the District Administration Office prior to expiration, my volunteer status will be terminated.

**Arrest or Conviction:** If I am arrested or convicted for any offense listed in the PDE 6004 Arrest/Conviction Report and Certification Form or if I am named as a perpetrator in a report of child abuse, I agree to submit a new completed PDE 6004 Form to the District Administration Office within 72 hours of such an event. Failure to do so will result in immediate termination of my volunteer status.

**Recognizing and Reporting Child Abuse:** Proof of completion of this training is required for Volunteer ATHLETIC COACHES.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date