

Volunteer Registration
Year _____

Child's Name _____

Child's Teacher _____ **Class Day/Time** _____

Name _____ Date _____

Address _____

Phone Number _____ Cell Number _____

Email _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Hospital Preference _____ Primary Care Provider _____

Authorization and Agreement

I hereby give Elizabethtown Community Nursery School (ECNS) the right to review any and all clearances required by the Pennsylvania law and ECNS Policy. ECNS may use the information for the purpose of evaluating my fitness to volunteer with children and students and may report the information as permitted by law.

I understand that failure to accurately report required information (including intentional omissions) shall subject me to discipline, up to and including denial of volunteer opportunities, and may subject me to civil and criminal penalties.

Signature _____ Date _____

Pennsylvania Residency Statement

I have been a resident of Pennsylvania for the entirety of the past 10 year period.

YES

NO (Federal Criminal History Report Required)

Signature _____ Date _____

Please complete and submit the following: **clearances are valid for 5 years of issue date**

_____ Volunteer Registration form

_____ PA State Police Criminal History Report

_____ PA Department of Human Services Child Abuse Report

_____ Federal Criminal History Report (if necessary)