**CAPITAL AREA INTERMEDIATE UNIT**

**Volunteer Information Form**

This form shall be completed by all individuals wishing to volunteer at the Capital Area Intermediate Unit (CAIU). Upon completion of the form and obtaining all necessary documentation, volunteer should submit this form and documents to the Supervisor of the program in which the individual would like to volunteer.

For purposes of the CAIU, “volunteer” is defined as one who voluntarily offers service to the Intermediate Unit without expectation of compensation.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Volunteer Name: | |  | | | | | |
| Home Address:  (PO Boxes NOT Allowed) | |  | | | | | |
| Home Phone #: | |  | | | Cell Phone #: |  | |
| Email Address: | |  | | |  |  | |
| Locations/Events Where Volunteering: | | | | |  | | |
|  | | | | | | | |
| Are you a parent/guardian of a child being served by the CAIU?  Yes  No | | | | | | | |
| If Yes: | Child’s Name: | | |  | | | |
|  | Child’s Location: | | |  | | | |
|  | Child’s Teacher: | | |  | | | |
|  | | | | | | | |
| **In Case of Emergency** | | | | | | | |
| Contact Name & Phone #: | | | Name | | | | Phone |
| Allergies/Medical Conditions: | | |  | | | | |
| Any Additional Comments/Information:   |  | | --- | |  | | | | | | | | |

I \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to volunteer at the Capital Area Intermediate Unit (CAIU). I certify I have received copies of and read CAIU Board Policy 916 regarding volunteers and the CAIU Visitor Confidentiality Procedure and agree to abide by their terms and requirements. Furthermore, I agree to adhere to all CAIU practices and procedures pertaining to volunteering.

Print name

I affirm I have NOT been arrested nor convicted of any crime outlined on the PDE Form 6004, which I have completed and submitted, or any crime that would otherwise keep me from working with children in the Commonwealth of Pennsylvania. Should I at any future time be arrested or convicted of such crime, I acknowledge and agree that I must complete Form 6004 and immediately submit it to the Executive Director of the CAIU.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

***Volunteer: Please complete top section on reverse side.***

**Capital Area Intermediate Unit**

**Supervisor Approval of Volunteer**

**School Year 20     /20**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This section to be completed by Volunteer.** | | | | | | | Date: | | |  |
| Volunteer Name: | | |  | | | | | | | |
| Supervisor Name: | | |  | | |  | | Program: |  | |
| CAIU Classrooms/Locations/Event Where Volunteering: | | | | |  | | | | | |
| Volunteer Schedule: | | | |  | | | | | | |
| **Supervisor Use Only below this line…………………………………………………………………**  Supervisor Instructions: (1) Please hold and forward all documentation at one time. Individual may NOT volunteer until ALL documentation is complete; (2) Collect the below-identified documents from the individual – check box to verify receipt; (3) For Act 34 and 151 clearances and TB test, view the originals, make two copies, initial the copies, send one copy to HR, maintain one copy at the site, and give original back to volunteer. | | | | | | | | | | |
|  | Completed Volunteer Information Form. | | | | | | | | | |
|  | Completed Visitor Confidentiality Form | | | | | | | | | |
|  | A current (no more than one (1) year old), Act 34 (PA criminal history) clearance result. | | | | | | | | | |
|  | A current (no more than one (1) year old), Act 151 (PA child abuse history) clearance result. | | | | | | | | | |
|  | Act 114 FBI Federal Fingerprint Result Registration ID (Use Service Code 1KG6S7). | | | | | | | | | |
|  | PDE Form 6004. | | | | | | | | | |
|  | PA Act 126 (Mandated Reporter Training) | | | | | | | | | |
|  | TB Test/Verification (Cannot be more than 3 month’s old). | | | | | | | | | |
|  | | | | | | | | | | |
| **Signatures** | | | | | | | | | | |
| Supervisor: | |  | | | | | Date: | | |  |
| Team Director: | | Approved Disapproved | | | | | Date: | | |  |

Supervisor shall complete form and forward to Team Director for final approval.

Supervisor should maintain one final copy at the site.

Team Director shall forward final approval and copied documentation to HR.