

Ephrata Area School District
803 Oak Boulevard, Ephrata, PA 17522
(717) 721-1513

VOLUNTEER/CHAPERONE APPLICATION FORM

Directions: Complete this form and return it with the Volunteer/Chaperone Disclosure Statement form to the Human Resources Department in the District Office.

Name: _____

Address: _____

Phone: Day _____ Evening _____

Email Address: _____

Are you a parent or relative of a current EASD student? _____

Student's Name: _____ School: _____ Relationship: _____

Student's Name: _____ School: _____ Relationship: _____

Do you currently hold Act 34, 151, and 114 clearances? _____

(If you are an EASD employee, please answer "Employee")

If no, have you applied for these clearances: Yes / No Date you applied for clearances: _____

If planning to be a Supervised Special Events Volunteer, Unsupervised Special Events Volunteer, or Regular Volunteer, do you have proof of a TB test?: Yes / No

Your signature below indicates that you have received and read the Volunteer/Chaperone Manual and agree with the terms.

EMERGENCY INFORMATION

Your Birth Date: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Alternate Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Special Health Problems / Allergies / Medications we should know about: _____

Physician Preference: _____ Physician Phone: _____

Hospital Preference: _____ Ambulance Preference: _____

In the event that I need emergency treatment requiring ambulance service and/or medical care, you have my permission to seek help as listed above or nearest MD/DO or ambulance/hospital available. I will assume responsibility for fees incurred by such an emergency (via my medical insurance if applicable).

Signature: _____ Date: _____