

VOLUNTEER SERVICE EXPERIENCE
PALISADES SCHOOL DISTRICT
39 THOMAS FREE DRIVE
KINTNERSVILLE, PA 18930

AGENCY APPLICATION

Please return all supporting information for your application to the Volunteer Service Facilitator.

Section 1. Agency Information and Services

Name of Agency: _____ Phone No: _____

Address: _____

Contact Person(s): _____

Email Address: _____

Website: _____

Please provide a brief summary of potential service experiences for students.

Specify number of students requested (if applicable). _____

Section 2. Assertions for Student-Related Activities

Proof of insurance covering students/volunteers on site is provided.* Yes No

Act 24 Clearance (Arrest/Conviction Report) are provided for Contact Person.* Yes No

Act 34 Clearance (Criminal History Check) are provided for Contact Person.* Yes No

Act 151 Clearance (Child Abuse Check) are provided for Contact Person.* Yes No

Act 114 Clearance (FBI Fingerprinting) are provided for Contact Person.* Yes No

Indicate if your agency participates in court-ordered community service activities. Yes No

A supervisor is on site at all times during service activities. Yes No

* Please submit copies of these documents with application.

Section 3. Agreement of Activities

As a participating community service agency/organization, we agree that the potential service experience(s) for students should:

1. Provide developmentally appropriate activities that are supervised/mentored by a responsible adult.
2. Provide community service experiences for Palisades School District students under the guidance of our staff and directors.
3. Offer career exploration and work force skills.
4. Provide job descriptions and training requirements, specifically identifying any risks or exposure to potentially dangerous situations.
5. Provide Palisades School District with proof of the appropriate clearance documentation to work with students.
6. Provide the Palisades School District with proof of insurance for students on site or a statement of no insurance available.
7. Report an accident, injury, or emotional trauma involving the student, to the parent immediately, and the appropriate building principal by the next business day.
8. Call the Volunteer Service facilitator in the event that one or more of the “Student Responsibilities” are not being met as listed on the Volunteer Service Time Card.

Additionally, we are in agreement that the potential service experience(s) for students should not:

1. Include activities involving alcoholic beverages.
2. Involve operation of motor vehicles or use of machinery that requires technical training.
3. Be discriminatory in relation to age, color, disability, national origin, race, or sex.
4. Pose unusual safety risks.
5. Support agencies whose volunteer activities may be libelous, defamatory, obscene, lewd, vulgar, profane, or might violate state/federal laws, or incite violence.
6. Provide private or personal financial gain, as in violation of Child Labor Laws.

Agency Contact Signature

Date

FOR PALISADES SCHOOL DISTRICT FACILITATOR USE ONLY

The following documents have been submitted from agency:

- Proof of insurance.
- Contact Person’s Act 24 Clearance
- Contact Person’s Act 34 Clearance
- Contact Person’s Act 151 Clearance
- Contact Person’s Act 114 Clearance

Both Leadership Facilitator signatures below indicate that all four clearances are current and on file and that this Agency Application has been approved.

Leadership Facilitator (4-8)

Leadership Facilitator (9-12)