

*West York Area School District
1891 Loucks Road, Suite 100
York, Pennsylvania 17408*

TO: Prospective Volunteers of the West York Area School District

*FROM: Todd M. Davies, Ed.D
Superintendent*

SUBJECT: Volunteer Recommendation Process

On behalf of the Board of Directors, staff, and students of the West York Area School District, I would like to thank you for your interest in becoming a school volunteer. Because school volunteers may have access to students without district employee supervision, we must ensure our school volunteers do not have unacceptable criminal history and/or an active case of tuberculosis. To that end, our school volunteer approval process is as follows.

The prospective volunteer:

- obtains the volunteer packet from any building or by downloading it from the website*
- completes the Volunteer Application, signs the Release of Liability and Indemnity Contract, and initials the Volunteer Confidentiality Agreement*
- submits the proper forms to obtain both the Pennsylvania Child Abuse History Clearance and Pennsylvania Criminal Record Check*
- registers either online or by phone and obtains the Federal Criminal Record Check (fingerprints)*
- turns in the application, original clearances, and fingerprint PAE registration number to the Human Resources Director, who will review the paperwork prior to authorizing the district-paid tuberculosis screening.*

Your name will be added to the next Board Agenda for approval, only after all of the aforementioned paperwork has been turned in (application, signed release of liability and indemnity contract, initialed volunteer confidentiality agreement, both clearances, fingerprint registration number, and tuberculosis screening result). Our Regular Board Meetings are on the third Tuesday of each month. In order to be approved at a Board Meeting, the paperwork must be turned in to the human resources department by noontime on the Thursday before the Tuesday meeting. Shortly after that meeting, you will receive a letter that confirms you are a board-approved school volunteer. Likewise, the human resources department will let building personnel know you are cleared to begin. The school office will have an identification badge for you to wear when you are in the building.

If you have any questions regarding this process, please feel free to contact Ms. Kristine Denney, Executive Assistant Human Resources, at 717-792-2796.

Thank you.

Enclosures: Volunteer Program Guidelines

Volunteer Application

Release of Liability and Indemnity Contract / Volunteer Confidentiality Agreement

Instructions for Obtaining Clearances

VOLUNTEER APPLICATION

DATE _____

SCHOOL YEAR _____

NAME _____

TELEPHONE _____

ADDRESS _____
Street City State Zip

EMAIL _____

Please check all areas which you are interested in volunteering.

Classroom(s) – Select Building(s)

- Wallace (Grades K-1) Lincolnway (Grades 2-3) Trimmer (Grades 4-5)
- Middle School (Grades 6-8) High School (Grades 9-12)

Field Trip(s) – Select Building(s)

- Wallace (Grades K-1) Lincolnway (Grades 2-3) Trimmer (Grades 4-5)
- Middle School (Grades 6-8) High School (Grades 9-12)

Co-curricular/Athletic – Secondary Only

- Band Cross Country Golf Softball Volleyball
- Baseball Drama Lacrosse Swimming Wrestling
- Basketball Field Hockey School Play Tennis
- Cheerleading Football Soccer Track

EDUCATION/RELATED EXPERIENCE: _____

APPROVED BY:

Date

Human Resources Director

Date

Building Principal

Date

Athletic Director (if applicable)

RELEASE OF LIABILITY AND INDEMNITY CONTRACT

AND, in consideration of being allowed to act as a volunteer at no cost to the West York Area School District, whereby my child and/or other children may enhance their education, I do hereby release and forever discharge the West York Area School District and all other volunteers, all employees and agents of the District, and all students of the District from any and all claims, demands, actions, causes of action and suits at law or equity arising out of or in any way connected with the Volunteer Program of the West York Area School District and my presence in or on District property.

I further agree that I enter this Volunteer Program of my own free will, to serve without pay, understanding that I am not an employee or agent of the West York Area School District and therefore I am not covered by any of its insurance programs or policies and therefore I assume all responsibility for any injury, accident, or illness that may occur to me during my volunteer service and release the West York Area School District, its agents, or employees, from any and all liability from the same, and hereby agree to indemnify them and save them harmless for any sums that may be required to pay on my account.

I also agree that a recommendation from the building principal or athletic director is required and that my acceptance as a volunteer is subject to approval by the Superintendent and Board of Directors.

This release and indemnity is given voluntarily and knowingly with full understanding of its meaning and with my full consent to be legally bound hereby:

NOTE: West York Area School District (WYASD) prohibits volunteers from being in a romantic relationship with any WYASD student.

Date

Volunteer’s Signature

Date

Witness (WYASD Personnel)

VOLUNTEER CONFIDENTIALITY AGREEMENT

You have requested to volunteer at the West York Area School District for the purposes indicated on your application. We appreciate your willingness to participate and are confident that our students will benefit from your participation in our programs.

Please remember that personal information about our students is protected by Federal and State regulations. In other words, no information that could personally identify a West York student can be shared with anyone else. As a volunteer in our District, you are required to abide by these regulations by not discussing personal information about students. If you have any questions about compliance with Federal and State regulations, you should discuss it with the principal of the building in which you are volunteering. Your initials below indicate your understanding of the need to comply with regulations regarding student confidentiality.

Date

Volunteer’s Initials