



New Hope-Solebury Volunteer Information

Name: _____ Phone: _____

Address: _____

Email: _____

Emergency Contact: _____ Phone: _____

School(s) Volunteering at: LES UES MS HS
(please circle)

When submitting your clearances the following forms must be completed and dated **within one year** of submission:

- FBI Fingerprints (Act 114) UEID#: UZSV _____
- Criminal History (Act 34)
- Child Abuse Clearance (Act 151)
- Arrest/Conviction Report & Certification Form 6004 (Act 24)
- Evidence of Negative TB Test

Signature

Date