



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)

Criminal History (Act 34)

Child Abuse Clearance (Act 151)

Arrest/Conviction Report & Certification Form 6004 (Act 24)

Evidence of Negative TB Test *

(Only needed if you will be volunteering more than 10 Hours/Week)

*If the Evidence of a Negative TB Test is NOT included with clearances, I acknowledge that I will not be volunteering more than 10 hours per week.

Signature

Date