

Name: _____ Phone: _____

AGSD VOLUNTEER REGISTRATION CHECKLIST

Please use the checklist below to ensure you submit all required forms/information to Ms. Cathy Santiago at the District Administrative Office:

_____ Act 34 State Police Criminal Record Check

_____ Act 151 PA Child Abuse History Clearance

_____ Act 114 FBI Criminal History Clearance **OR** Volunteer Request for Waiver of FBI – Federal Criminal History Record Check Form (confirming Pennsylvania residency during the entirety of the previous 10 years)

_____ Employee/Volunteer Self-Reporting Commitment Form
(Completed PDE Arrest/Conviction Report and Certification Form)

_____ Volunteer Acknowledgement Form of Policy
No. 916/Volunteers and Policy No. 806/Child Abuse

_____ Volunteer Email Address

(This Email Address will be used for AGSD Volunteer Correspondence only)

***Please print and submit this AGSD Volunteer Registration Checklist with your clearances.**