



Cindy Bleazard
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2019-20 HANDS ACROSS THE DISTRICT VOLUNTEER APPLICATION

Personal Information

Name: _____
Last First

Contact Information:

Phone Number: _____ E-mail address*: _____

*Email is our preferred method of communicating with you - please print clearly!

Your most recent TB test:

Date: _____ Location: _____

(Attach copy if performed at a private physician's office or at work)

Test result: Positive Negative

I need to be tested, please notify me of the date, time and location of District testing.

Volunteer Opportunities

(Check all that are of interest)

- | | |
|---|---|
| <input type="checkbox"/> Team Field Trip - Grade 6, 7, 8 | <input type="checkbox"/> Library Book Fair (Fall) |
| <input type="checkbox"/> Activity Night Chaperone | <input type="checkbox"/> Picture Day (Fall) |
| <input type="checkbox"/> Community Day | <input type="checkbox"/> Teacher Appreciation (Sweets and Refreshments) |
| <input type="checkbox"/> Earth Day | <input type="checkbox"/> Other Daytime Assistance (classroom projects) |
| <input type="checkbox"/> Food Drive (Fall) | |
| <input type="checkbox"/> Fundraising Drives (Counting and Tracking) | |
| <input type="checkbox"/> Library Help | |

If you plan to chaperone a trip, help in the library or volunteer more than 10 hours, you must submit a PPD skin test (TB), Act 34 Criminal History Report, Act 151 Child Abuse Clearance and a Fingerprint Report or a Disclosure Statement that you were a Pennsylvania resident for the past 10 years.

Days and Times available: _____

Special Skills/Career/Hobbies: _____

Student's Name: _____ Grade: _____ Homeroom/Team: _____

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This form may be accessed online at <http://indianvalley.soudertonsd.org/parents/IV-HandsVolunteerApp.pdf>
You may e-mail your application or any questions to Mrs. Huggins at bhuggins@soudertonsd.org