



Pittsburgh Public Schools – Title Programs Office  
341 S. Bellefield Avenue – Room 436, Pittsburgh, PA 15213  
Phone: 412-529-3727 / Fax: 412-622-7921

**In-Take Form for Volunteers**  
**Please Print or Type All Information**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**School Where You Would Like to Volunteer:** \_\_\_\_\_

Name(s) and Grade of Children/Grandchildren in this School:  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_

Background/Experience (interest, talents, previous volunteer experiences, foreign language spoken, etc.)

**Volunteer Area That Would Interest You:**

Tutoring     Field Trip Chaperone     Lunch Room     Clerical     Mentor  
 Library     Playground Helper     Prepare Materials     Hall Monitor  
 Other \_\_\_\_\_

Please Indicate Days and Times You Would Be Available:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A.M.	A.M.	A.M.	A.M.	A.M.
P.M.	P.M.	P.M.	P.M.	P.M.

Volunteer's Signature \_\_\_\_\_

**\* For District Use Only – Send Completed Form to Room 436 Administration Building\***

\_\_\_\_\_ Criminal Background Check completed and is on File **and**  
\_\_\_\_\_ Child Abuse Clearance Check completed and is on File **and**  
\_\_\_\_\_ Federal Fingerprint Access Code **or,**  
\_\_\_\_\_ Federal Fingerprint Waiver Request **and**  
\_\_\_\_\_ PA Resident Verification for Waiver of FBI Report completed and is on File.

\_\_\_\_\_ Applicant Approved                      \_\_\_\_\_ Applicant **NOT APPROVED**

School Assignment: \_\_\_\_\_ Date: \_\_\_\_\_