



Pittsburgh Public Schools – Department of Title Programs
341 S. Bellefield Avenue – Room 436, Pittsburgh, PA 15213
Phone: 412-622-3894 / 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: _____ Phone: _____
Emergency Contact: _____

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:

Table with 5 columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY. Rows for A.M. and 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 on File.

_____ Applicant Approved _____ Applicant NOT APPROVED

School Assignment: _____ Date: _____