

Pittsburgh Public Schools – Department of Title Programs
341 S. Bellefield Avenue – Room 436, Pittsburgh, PA 15213
Phone: 412-529-3894 / 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: _____
Emergency Contact: _____ 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: _____