



EAST PENN SCHOOL DISTRICT
VOLUNTEER GENERAL INFORMATION SHEET

Name _____ Date _____
Last First

Home Address: _____
Street City State Zip

Phone Number: _____

Email Address: _____

Child(ren)

Last Name First Name Current School Current Grade

Last Name First Name Current School Current Grade

Last Name First Name Current School Current Grade

Last Name First Name Current School Current Grade

Last Name First Name Current School Current Grade

CONFIRMATION OF RECEIPT – Volunteer Training

I, _____, have received, read, and understand the “East Penn School District Volunteer Training: Child Abuse FAQs, Maintaining Professional Adult/Student Boundaries FAQs”, and School Board Policies #806, #824, and #916.

Signature

Date

FOR HUMAN RESOURCES USE ONLY:

Database: _____

Expiration Date: _____

New Database: _____