

VOLUNTEER PROGRAM

Skills, Knowledge and Interaction through Life Long Service

Goals:

1. To reduce the tax burden of citizens.
2. To provide and opportunity for citizens to pass along knowledge and life experiences to students of Galeton Area School District
3. To develop school and community interaction and communication

Program Qualifications:

1. Residential property owner who is 55 years of age or older living in the Galeton Area School District
2. Complete the following district requirements
 - a. Application form
 - b. Act 34 clearance
 - c. Child abuse clearance
 - d. Federal fingerprint clearance
 - e. Confidentiality form

Time Schedule:

1. Each volunteer will be permitted to work up to 69 hours per fiscal year (July 1 – June 30) at \$7.25 per hour
2. Maximum residential tax rebate per household is \$500.00 per fiscal year (July 1 – June 30)
3. Citizens may volunteer to work more than 69 hours with no additional rebate or pay
4. Earned rebate may only be applied to residential real estate taxes
5. Earned rebate may not exceed your real estate taxes

During the first year we will be able to accommodate only 15 volunteers – The program will be re-evaluated from year to year.

Cost for the Act 34, Child abuse, as well as the fingerprint clearances will be paid by the Galeton Area School District.

Once the appropriate paperwork is complete, you will be asked to come in for a brief orientation with Mr. Wishard.

If you have any questions, please contact Mr. David Wishard, Superintendent, at (814) 435-6571.

Our community has a multitude of human resources that have remained as yet untapped. Volunteers are a human resource who can enhance the learning environment for our children.

Galeton Area School District

CONFIDENTIALITY AGREEMENT

I understand that during my time with the Galeton Area School District I may be provided with, or have access to, confidential information, including employee and student health, academic, personnel, or testing records. I recognize that such information or access is provided to me solely in connection with my work and I promise that I will not disclose to others, or use for my own or other benefit, any such information. I shall only use this information or access for the limited purpose for which it is provided to me.

I will serve Galeton Area School District to the best of my ability and will not engage in any activity inconsistent with the best interest of the Galeton Area School District and its students. I will abide by all rules and policies of the District and I understand that they may be changed from time to time.

At the conclusion of my work, I will deliver to the District all records, reports, data, memoranda, notes, or equipment of any nature that are in my possession or under my control and which were prepared or acquired in the course of my relationship with the District. Further, I agree not to take with me any such information or data, or reproductions of any such information that may relate to my activities as a Volunteer applicant or the business of the district.

Signature

Date

Galeton Area School District
27 Bridge Street, Galeton, PA 16922
(814) 435-6571

VOLUNTEER APPLICATION

Please Print or type

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

Date of Birth _____

For Office use only

Date of Application Received: _____

Act 34 _____ Child Abuse Clearance _____ Federal Fingerprint Clearance _____

What hobbies, special interests or skills could you share? _____

Is there some specific activity in which you would like to participate? _____

Are you particularly interested in working with students with special needs (mentally or physically challenged, English as a second language)?

Do you prefer to help with short-term projects (one time need)? _____

Are you interested in volunteering on a weekly basis or more? _____

When are you available?

Days: _____

Times: _____

What else would you like to tell us about you, your interest, and your needs as a volunteer?

Galeton Area School District

Daily Procedures

- Upon entering all school buildings, be sure to enter the main office to sign in and obtain a volunteer badge.
- Be sure you wear your volunteer badge at all times while on school grounds
- You are responsible for tracking your own hours. Please record your hours on the time sheet provided. It is very important for you to maintain these hours accurately.
- Please have your supervisor (person you are working under) initial your time sheet each day.
- Restrooms are located throughout the school building. If you need help locating one, please ask a staff member for assistance.
- You are welcome to join the staff for lunch in the faculty lounge. Lunch can be purchased from the school cafeteria-you must obtain a pin number from the cafeteria manager.
- The use of tobacco and alcohol on school property is prohibited.
- **In the event you are ill or will miss your scheduled volunteer work:**
 - ✓ Notify the Business Office at (814) 435-6571 – the office will notify your scheduled volunteer area.
 - ✓ If you know ahead of time that you will be absent, please inform the Business Office as soon as possible.

Emergency School Closing

If schools are closed or delayed due to weather conditions or travel is extremely hazardous, it will be announced on our website (www.gasd.net), as well as broadcast on local radio and TV stations. You may give the Business Office your phone number and you will be notified via our Schoolreach notification system.

WORK EXPERIENCE

Agency and Location	Dates	Occupation

REFERENCES

Please list the names and addresses of two (2) friends or co-workers who would be willing to attest to your good character.

Name/Position	Address	Phone Number

I hereby certify that I will observe the strictest code of confidentiality and will consider all information gathered while working with school children and personnel private and not be the subject of conversation with other people. I agree to comply with school district rules, regulations, and policies and I certify the information contained in this application is correct.

Signature of Applicant

Date