



782 Springdale Drive, Exton, Pennsylvania 19341 • Phone: 484-266-1000 • www.wcasd.net

**APPLICATION FOR RETIREE SUBSTITUTE VOLUNTEER PROGRAM**

Position Applying for: Retiree Substitute Volunteer Program Date you can start: \_\_\_\_\_

In order to participate in the Retiree Substitute Volunteer Program (RSVP), you must be at least 62 years of age by December 31<sup>st</sup> of the year in which you volunteer.

Do you meet this requirement? Yes  No

**PERSONAL DATA**  
(Type or print in ink)

Name in Full: (Last Name First) \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address: \_\_\_\_\_ Cell/Home Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Last Previous Address: \_\_\_\_\_

Tax Parcel Number: (MUST BE INCLUDED): We must have the tax parcel number to apply proper rebate. If you cannot obtain the tax parcel number from your tax bill, please call 484.266.1034.

Tax Parcel # \_\_\_\_\_

Please list your skills, pervious job background, hobbies, or interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please list (3) references below:

Full Name	Business	Complete Address	Cell/Home/Business Phone
1.			
2.			
3.			

## GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer “Yes” to any question, you must list all offenses and for each conviction provide data of conviction and disposition regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of “nolo con-tendere” (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate which results in a fine, sentence, or probation.

You may omit minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently under charges for a criminal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever forfeited bond or collateral in connection with a criminal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

*NOTE: If you answered “Yes” to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet and include your social security number.*

---

### ACT 34 COMPLIANCE (PA State Criminal Record Check)

Each Pennsylvania resident must submit with his/her application a copy of a report of Criminal History Record information from the Pennsylvania State Police or a statement from the Pennsylvania State Policy that the State Police Central Repository contains no such information relating to that person. The criminal record history report must be no more than one (1) year old. The applicant **MUST** submit the **ORIGINAL** report prior to start.

### ACT 151 (Pennsylvania Child Abuse History Clearance)

Each volunteer must submit with his/her application a copy of an official clearance statement obtained from the Pennsylvania Department of Public Welfare or a statement from the Department of Public Welfare that no record exists. The clearance statement must be no more than one (1) year old. The applicant **MUST** submit the **ORIGINAL** report prior to start.

### ACT 114 (Federal Criminal History Check)

Each resident must submit with his/her application an original copy of the FBI results or a copy of the registration receipt clearly showing the Registration/TCN number. The clearance must be no more than one (1) year old. The resident **MUST** submit the FBI information prior to start.

**Please check YES or NO to the following statement:**

I choose to donate my rebate to the West Chester Area School District. YES  NO

I authorize investigation of all matters contained in this application and agree that if, in the judgement of the District any misrepresentation has been made by me herein or the results are not satisfactory, any offer of volunteering made by the District may be terminated immediately without any obligation or liability to me other than for tax rebate at the rate agreed upon for volunteer services rendered.

Signature \_\_\_\_\_ Date \_\_\_\_\_