



## Radnor Township School District

Administration Building • 135 South Wayne Avenue, Wayne, PA 19087-4117  
Phone: 610-688-8100 • Fax: 610-386-6135

### Demographic Information

(Please print legibly)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Listed  Unlisted

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Volunteer-School \_\_\_\_\_  Independent Contractor \_\_\_\_\_  
(Service being provided)

Volunteer-Coach \_\_\_\_\_  Other \_\_\_\_\_  
(Sport)

### DOCUMENTS REQUIRED

(To be presented to the Human Resources Office prior to commencement of assignment)

- Photo Identification (to be presented to Human Resources)
- PA Criminal Record Check: <https://epatch.state.pa.us>
- PA Child Abuse History Clearance: <https://www.compass.state.pa.us/CWIS/Public/Home>
- FBI Federal Criminal History Record Check (PA Department of Education)  
(through *IdentoGO*): <https://uenroll.identogo.com>

**Service code for Volunteer: 1KG6Y3**

**Service code for Independent Contractor: 1KG6XN**

or signed affidavit (*affidavit not accepted for residents of 10 years or less or for overnight trips*)

- Act 126 Mandated Reporter Training (*required for overnight trips*)
- Act 168 Commonwealth of PA Sexual Misconduct Abuse Disclosure Release Form (one for current employer and any that you had direct contact with children) (*Independent Contractor only*)
- Tuberculosis Test (less than 3 months old) (*Volunteer-Coach/Independent Contractor only*)

### Emergency Contact/s

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_  
 Home  Work  Cell  Home  Work  Cell

Personal contact information is shared with administrative staff (i.e. direct supervisor) by the Human Resources Office when necessary.

I understand that failure to supply the required documentation prior to the commencement of this assignment would result in my being excluded from all activities related to the above position until I have fulfilled this requirement.

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

**[Clearances are valid for 5 years from the date of issuance]**