



SOLANCO SCHOOL DISTRICT
Administrative Office, 121 South Hess Street, Quarryville, PA 17566
717-786-8401 www.solancosd.org

SENIOR CITIZEN TAX CREDIT PROGRAM APPLICATION

DATE: _____

NAME: _____ PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

MAILING ADDRESS: _____

PROPERTY PARCEL NUMBER TO APPLY TAX CREDIT: _____

(Refer to real estate tax bill or call Solanco School District Tax Office at 717-786-5611)

TIMES I CAN VOLUNTEER (DAYS OF THE WEEK and HOURS): _____

SELECT PREFERRED SCHOOL LOCATION(S):

- | | |
|---|--|
| <input type="checkbox"/> BART-COLERAIN ELEMENTARY | <input type="checkbox"/> GEORGE A SMITH MIDDLE |
| <input type="checkbox"/> CLERMONT ELEMENTARY | <input type="checkbox"/> SWIFT MIDDLE |
| <input type="checkbox"/> PROVIDENCE ELEMENTARY | <input type="checkbox"/> SOLANCO HIGH SCHOOL |
| <input type="checkbox"/> QUARRYVILLE ELEMENTARY | |

PREFERRED WORK (Select all that apply):

- Working directly with students (acting as a tutor; helping students in the cafeterias, classrooms, or computer labs; listening to children read or reading to children)
- Working in support areas (playing the piano or other musical instruments; assisting in art, physical education, or classrooms)
- Working in offices and buildings (doing special assignments in cleaning, groundskeeping, or painting; assisting in the health room, libraries, or offices)

MY EXPERIENCE/EXPERTISE IS IN THE FOLLOWING AREAS: _____

PLEASE PROVIDE THE NAMES OF TWO INDIVIDUALS AS PERSONAL REFERENCES:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

(over)

I AM PHYSICALLY UNABLE TO VOLUNTEER AND REQUEST THE FOLLOWING INDIVIDUAL TO COMPLETE THE MAXIMUM 62.5 HOURS OF VOLUNTEER WORK ON MY BEHALF:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

Return completed application to:

Solanco School District, Business Office – Fiscal Aide, 121 South Hess Street, Quarryville, PA 17566

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/volunteering 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 NO

Are you currently under charges for a criminal offense?

YES NO

Have you ever forfeited bond or collateral in connection with a criminal offense?

YES NO

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 Police 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 or complete Waiver of Federal Criminal History Check, if resident meets the requirements of that waiver.

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

SIGNATURE: _____ **DATE:** _____