## RESIDENCY VERIFICATION FORM

## **VOLUNTEERS / CHAPERONES**



	Present this form to the building/department where volunteering:	
		•
PERSONAL DATA    Idame:		
Name:		
Street:		
City:	State:	Zip Code:
Home Phone:	Alternate Phone:	
E-Mail Address:		
DETERM	MINATION OF	RESIDENCE
(using form PDE 6004) that Pennsylvania, or the corresp need only the Department of	he or she has never be conding offenses under Human Services Child	en convicted of a disqualifying crime in the laws of any other jurisdiction, they Abuse clearance and the Pennsylvania
RESI	DENCY CERT	TFICATION
do so, I would be able to survehicle registration address, These documents would vennsylvania for the past 10	bstantiate this claim with address on income tax rerify my uninterrupted years.	h a Pennsylvania driver's license, motor x returns or voter registration address.

Date: \_\_\_\_

Signature:

<sup>\*</sup>In accordance with the legislation amending the Child Protective Services Law and as a part of a state-wide mandate that became effective on 12/31/14 requiring all school volunteers to present updated clearances, whoever knowingly and willfully falsifies or conceals information will immediately have their volunteer/chaperone privileges revoked.