



Exeter Township School District

Residency Verification Form

Volunteers/Chaperones

Please present this form to the building/department where volunteering:

SHS_____ JHS_____ Reiffton_____ Lorane_____ Jacksonwald_____ Owatin Creek_____ Athletics_____

Personal Data

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Determination of Residence

If a volunteer has continuously resided in Pennsylvania for 10 years AND swears in writing (using form PDE 6004) that he or she has never been convicted of a disqualifying crime in Pennsylvania, or the corresponding offenses under the laws of any other jurisdiction, they need only the Department of Human Services Child Abuse clearance and the Pennsylvania Criminal History check; **the federal FBI criminal history is not needed.**

Residency Certification

I hereby certify that I have continuously resided in Pennsylvania for 10 years, and if asked to do so, I would be able to substantiate this claim with a Pennsylvania driver's license, motor vehicle registration address, address on income tax returns or voter registration address. These documents would verify my uninterrupted residency in the Commonwealth of Pennsylvania for the past 10 years.

_____ I am a permanent resident of Pennsylvania and have continuously resided in the Commonwealth for the past 10 years.*

Signature: _____ Date: _____

*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.



Exeter Township School District Volunteer Application

Name: _____

Date: _____

Address: _____

Phone: _____ Home

_____ Cell

Email _____

In Case of Emergency

Emergency Contact: _____ Phone: _____

Preferred Local Hospital: _____

Allergies/Physical Concern: _____

Area of Service

Building or department where volunteering:

___ SHS ___ JHS ___ RFT ___ JWD ___ LOR ___ OC ___ Athletics Other _____

Type of service being provided:

Required Documentation

Volunteers are required to present the following completed clearances:

- Act 34 – Criminal History
- Act 151 – PA Child Abuse
- “10 –year Residency Verification” form OR FBI – Federal Criminal History
- PDE 6004 – Self Reporting Certification

Attach copies of these clearances to this application

My signature below certifies that the above information and attachments are true and accurate to the best of my knowledge.

Signature of Volunteer: _____ Date: _____

Our Policy

It is the policy of the Exeter Township School District to provide equal opportunities without regard to race, religion, national origin, gender, sexual preference or disability.

****Thank you for completing this application and for your interest in volunteering with our district****

Office use only:

Application Date: _____

Required Clearances: ___ Yes ___ No

Administrator Approval: ___ Approved ___ Denied

Signature: _____