CUMBERLAND VALLEY CHRISTIAN SCHOOL

VOLUNTEER PENNSYLVANIA RESIDENCY FORM / WAIVER OF "FBI" CRIMINAL CHECK

Print Name:	
Please check the appropriate line	
1 I have not lived in PA during at least the entirety of the past 10 complete the FBI criminal history clearance. (You do not need to complete of this page.)	
Date moved to PA	
Signature: Date	e:
2 I have lived in PA during at least the entirety of the past 10 constand sign the section on the bottom half of this page.) Lived in PA my entire life Yes If not, date (or year) mo	
Signature: Date	•
If you have lived in PA for the past 10 consecutive years or more, please re	
I affirm that I should not be disqualified from serving based on the conditi	ons listed below:
 I am not named in the statewide database (pursuant to a DHS Child perpetrator of a founded report committed within the last five years My PA State Police Criminal Background check OR FBI check does not be a state of the property of the property	·
 the following at any time in the past: a. Criminal homicide; aggravated assault; stalking; kidnapping; u sexual assault; involuntary deviate sexual intercourse; sexual assault; indecent assault; indecent exposure; incest; concealing welfare of children; dealing in infant children; prostitution and other sexual materials and performances; corruption of minors; attempt; solicitation or conspiracy to commit any of the above been convicted of an offense similar in nature to the crimes former laws of the United States or one of its territories or District of Columbia, the Commonwealth of Puerto Rico or a foliaw of this Commonwealth. 3. My PA State Police Criminal Background check OR FBI check does not drug-related felony in the past five years, including felony control. 	al assault; aggravated indecent ng death of child; endangering d related offenses; obscene and sexual abuse of children; or the offenses. In addition, I have not listed above under the laws or possessions, another state, the oreign nation, or under a former
Substance, Drug, Device and Cosmetic Act.	
Signature: Date:	
Date of Birth Social Security Numbe	r