

WISSAHICKON CHARTER SCHOOL VOLUNTEER CERTIFICATION FORM

Full Legal Name: _____

Any former names
by which you have
been identified: _____

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By checking this box, I report that I have lived in PA continuously for the previous 10 years and affirm that I am not disqualified from service based upon a conviction of a criminal offense.

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By checking this box, I report that I have not lived in PA continuously for the previous 10 years and understand that I must submit an FBI fingerprint clearance in order to volunteer at Wissahickon Charter School.

By signing this form, I certify under penalty of law that the statements made on this form are true, correct and complete.

Signature

Date