



Pennsylvania Residency Certification/ Affidavit for Manheim Township School District Volunteers

Full Legal Name: _____

Current Address: _____

Phone Number: _____

Any former names by which you have been identified:

Date of Birth: _____

By checking this box, I report that I have resided in the Commonwealth of Pennsylvania for ten (10) *consecutive* years. In the chart below, please list each specific location and dates of residency within the State of Pennsylvania for the last ten years.

Dates of Residency	Physical Address: House #, Street, City, Zip Code

By checking this box, I report that I have **NOT** resided in the Commonwealth of Pennsylvania for ten, (10) *consecutive* years and will obtain a FBI fingerprint clearance to become a volunteer.

Applicant Signature _____ Date _____