State College Area School District
Volunteers in Public Schools
Self-Disclosure Form

Full Legal Name:_____
Last First MI

Volunteers must affirm that they have a) been a continuous resident of Pennsylvania for the past 10 years and, b) not been convicted of a Reportable Offense that would prohibit them from volunteering.

By signing this form, I certify under penalty of law that I have been a continuous resident of Pennsylvania for the past 10 years and that I have not been convicted of a Reportable Offense. The statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any conviction for a Reportable Offense, shall disqualify me from volunteer service with State College Area School District.

*Signature:*_____ *Date:*_____