

Area Agency on Aging Volunteer Criminal Clearance Disclosure Form

"This form is to be completed as part of the volunteer screening process with the B/S/S/T Area Agency on Aging. Volunteer service may not begin until the criminal background record clearances are provided."

Last Name: _____

First Name: _____

Maiden Name (if applicable): _____

Any previous names or aliases: _____

Social Security Number: _____

Gender: M / F Date of Birth (mm/dd/yyyy) ____/____/_____

Current Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: () _____

Cell Phone: () _____

How long have you lived at the above address? _____

If less than 2 years, previous address: _____

Residency

___ I hereby certify that I have been a resident of PA for the past 2 or more years.

___ I have not been a resident of PA for the past 2 years.

Signature: _____ **Date:** _____