



Criminal Background Check and Child Abuse Clearance Verification Form

This Verification will be required by any group, organization, etc. using any Borough facilities. The Borough may request additional requirements at their discretion.

I, _____ (name of organization representative), on behalf of
_____ (organization) understand that all organization volunteers
over the age of eighteen (18) having direct contact with children are responsible to comply with all applicable
Pennsylvania laws relating to volunteers working with children, including the Child Protective Services Law, 23
Pa.C.S.A. § 6301, *et seq.* I hereby certify, as an authorized agent of the organization named above, that all
criminal background checks and child abuse clearances that are required for volunteers with the organization
have been performed/obtained, and said clearances are being maintained by the organization. The organization
agrees that Myerstown Borough is not responsible for any failure of the organization to obtain any required
criminal background checks and/or child abuse clearances, and agrees that it shall fully indemnify and hold
Myerstown Borough harmless if any such claim is made against the Borough.

In acknowledgment and understanding of the foregoing, I, _____
(name of organization representative), being duly affirmed according to law, depose and say that I am
authorized to make this Verification on behalf of _____
(name of organization). I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.
§ 4904, relating to unsworn falsification to authorities.

Date

Signature of Organization Representative

Printed Name of Organization Representative