



Doylestown Township Parks & Recreation

Child Abuse Clearance and Background Check Verification

Including but not limited to:

Third Party applicants (field/facility/amenity/event) and Program Providers

On behalf of _____ (organization)

I, _____ (authorized representative), swear and affirm that;

The above-named organization its employees and volunteers, are in compliance with the *PA CPSL and Pa. Department of Human Services mandated clearances and/or training* as required for employees and/or volunteers who have direct contact or routine interaction with children.

I further swear and affirm that the above-named organization will immediately notify Doylestown Township of any reported incident occurring within the timeframe specified in the Township issued facility use permit.

Please check one of the following:

- Minor children are left under the direct supervision of staff volunteers during this program/event.
- Minor children are never left under the direct supervision of staff and/or volunteers during this program (i.e., parents, legal guardian, etc. are present at all for the duration of the program/event).

Organization: _____

Name (print): _____

Position: _____

Email _____

Phone (d) _____

Signature: _____

Date _____

(Revised 3/1/19)