

**PENNSYLVANIA RESIDENT
VERIFICATION FOR WAIVER OF FBI REPORT**

Name: _____

Date of Birth: _____ City/State of Birth: _____

Driver's License Number: _____ State Issued: _____

Current Address: _____

If you have lived at your current address for less than 10 years, please list all prior addresses for the past ten (10) years:

Street	City, State Zip Code	Dates lived here:

Additional documentation of residency may be required to verify the information provided on this form.

I swear and affirm that I have not been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years.

I understand that statements herein are made subject to the penalties of 18 PA CS §4904 relating to unsworn falsification to authorities.

Signature

Date

Print Name

**VOLUNTEER REQUEST FOR WAIVER FOR
FBI – FEDERAL CRIMINAL HISTORY RECORD CHECK**

I declare under penalty of perjury that the following is true and correct:

I have provided all prior addresses for the previous ten (10) years, if they were not with the Commonwealth of Pennsylvania.

I have NEVER been named as a perpetrator of a founded report of child abuse.

I swear/affirm that I have not been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under federal law or the law of another state:

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305 (relating to dealing in infant children)	
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children)
The attempt, solicitation or conspiracy to commit any of the offenses set forth above	

I swear/affirm that I have not been convicted of a felony offense under Act 64 of April 14, 1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five (5) years.

I swear/affirm that I have not been named in the Statewide database as a perpetrator of a founded report of child abuse within the past five (5) years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that, if I am arrested for or convicted of an offense listed on the previous page or am named as perpetrator in a founded or indicated report of child abuse, I must provide the administrator or designee with written notice not later than 72 hours after my arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database. I understand that, if I willfully fail to disclose this information, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination from or denial of a volunteer position.

I understand that, if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested for or convicted of an offense listed on the previous page or was named as perpetrator in a founded or indicated report of child abuse, or I have provided written notice of a new arrest, conviction, or notification of substantiated child abuse as described above, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications and the cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that certifications obtained for volunteering purposes may only be used to apply to volunteer or to serve as a volunteer and cannot be used for employment purposes.

I understand that nothing in the Child Protective Services Law (23 Pa.C.S. Chapter 63) shall be interpreted to otherwise interfere with the ability of the employer or other person responsible for a program, activity or service from making employment, discipline or termination decisions or from establishing additional standards as part of the hiring or selection process for employees or volunteers.

I understand that the employer, administrator, supervisor, other person responsible for employment decisions or other person responsible for the selection of volunteers is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to 18 Pa.C.S. § 4903 (relating to crimes and offenses).

Applicant:		Signature:		Date:	
Witness:		Signature:		Date:	

If the volunteer is a minor:

Parent or Guardian:		Signature:		Date:	
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