

**VOLUNTEER REQUEST FOR WAIVER OF
FBI - FEDERAL CRIMINAL HISTORY FINGERPRINT RECORD CHECK**

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

1. I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-year period from the date of this document;
2. I have NEVER been named as the perpetrator of a founded report of child abuse;
3. I have NEVER been convicted of one or more of the following types of offenses, including the attempt, solicitation or conspiracy to commit any of the following offenses:
 - a. Criminal homicide
 - b. Aggravated assault
 - c. Stalking
 - d. Kidnapping
 - e. Unlawful restraint
 - f. Luring a child into a motorvehicle or structure
 - g. Rape
 - h. Statutory sexual assault
 - i. Sexual assault
 - j. Involuntary deviate sexual intercourse
 - k. Aggravated indecent assault
 - l. Indecent assault
 - m. Indecent exposure
 - n. Incest
 - o. Concealing the death of a child
 - p. Endangering the welfare of a child
 - q. Dealing in infant children
 - r. Prostitution and related offenses
 - s. Crimes related to obscene and other sexual materials and performances
 - t. Corruption of minors
 - u. Sexual abuse of children
4. Within the 5 year period immediately preceding the date of this document, I have not been convicted of a felony offense under The Controlled Substance, Drug, Device and Cosmetic Act; AND
5. I have not been convicted of an offense similar in nature to those crimes listed under paragraphs 2, 3, or 4 above 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 Pennsylvania.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S § 4904 relating to unsworn falsification to authorities. (Please sign in front of a witness.)

Print Name and Signature _____ Date _____

Witness - Print Name and Signature _____ Date _____