

**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. Please initial the appropriate statement below:

_____ 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.

_____ I have **NOT** been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-year period from the date of this document, but I have received a favorable Federal Criminal History Record Check since I have established residency in the Commonwealth. (A copy of the Federal Criminal History Record Check is attached. Document cannot be older than five years.)

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 | m. Incest |
| b. Aggravated assault | n. Concealing the death of a child |
| c. Stalking | o. Endangering the welfare of a child |
| d. Kidnapping | p. Dealing in infant children |
| e. Unlawful Restraint | q. Prostitution and related offenses |
| f. Rape | r. Crimes related to obscene and other sexual materials and performances |
| g. Statutory sexual assault | s. Corruption of minors |
| h. Sexual assault | t. Sexual abuse of children |
| i. Involuntary deviate sexual intercourse | |
| j. Aggravated indecent assault | |
| k. Indecent assault | |
| l. Indecent exposure | |

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.

Signature

Date

Print Name