

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

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