



VOLUNTEER REQUEST FOR WAIVER OF ACT 141: 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 (10-Year) period from the date of this document.
2. I have **NOT** been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-year (10-Year) period from the date of this document, but I have received a favorable Act 141 Criminal History Record Check since I have established residency in the Commonwealth (A copy of the Act 141 Criminal History Record Check is attached. Document cannot be older than five years.).
3. I have NEVER been named as the perpetrator of a founded report of child abuse;
4. 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) Rape
 - g) Statutory sexual assault
 - h) Sexual assault
 - i) Involuntary deviate sexual intercourse
 - j) Aggravated indecent assault
 - k) Indecent assault
 - l) Indecent exposure
 - m) Incest
 - n) Concealing the death of a child
 - o) Endangering the welfare of a child
 - p) Dealing in infant children
 - q) Prostitution and related offenses
 - r) Crimes related to obscene and other sexual materials and performances
 - s) Corruption of minors
 - t) Sexual abuse of children
5. Within the five-year (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
6. 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: _____