

**VOLUNTEER REQUEST FOR WAIVER  
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 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
k. Indecent assault	
4. Within a 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 Pennsylvania law.

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