



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: _____