

**PENNSYLVANIA RESIDENT
VERIFICATION FOR WAIVER OF FBI REPORT**

Name: _____

Date of Birth: _____ City/State of Birth: _____

Driver's License Number: _____ State Issued: _____

Current Address: _____

If you have lived at your current address for less than 10 years, please list all prior addresses for the past ten (10) years:

| Street | City, State Zip Code | Dates lived here: |
|--------|----------------------|-------------------|
| | | |
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Additional documentation of residency may be required to verify the information provided on this form.

I swear and affirm that I have not been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years.

I understand that statements herein are made subject to the penalties of 18 PA CS §4904 relating to unsworn falsification to authorities.

Signature

Date

Print Name

VOLUNTEER REQUEST FOR WAIVER FOR
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 a 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 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 the former law of Pennsylvania.

I understand that statements herein are made subject to the penalties of 18 PA CS §4904 relating to unsworn falsification to authorities.

Signature

Date

Print Name