

**AR-1 VOLUNTEER REQUEST FOR WAIVER OF
ACT 141 CRIMINAL HISTORY (FINGERPRINT) RECORD CHECK**

I declare under penalty of perjury that the following is true and correct:

1. Please initial the appropriate statement below:

_____ 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.

_____ I have NOT been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-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.)

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: _____