

Affidavit – Exemption from FBI Clearance

Commonwealth of Pennsylvania :
:
County of : SS

I, \_\_\_\_\_, am applying for an unpaid volunteer position with \_\_\_\_\_ (Ice Hockey Team) and as part of my duties I will be responsible for the welfare of children and/or will have direct contact with children.

I understand that the Child Protective Services Law requires all such volunteers to complete three (3) background clearances: (1) (Department of Human Services Child Abuse Clearance; (2) Pennsylvania State Police criminal background clearance; and (FBI criminal background clearance).

I further understand that the law exempts a prospective volunteer from the deferral clearance if he or she: (1) has been a Pennsylvania resident for the entire previous ten-year period and (2) he or she swears or affirms in writing that he or she is not disqualified from service by reason of criminal history. I hereby Swear or Affirm that:

- (a) I have not been named in the statewide database maintained by the Dept. of Human Services as the perpetrator of a founded child abuse report committed within the five-year period immediately preceding verification. I have requested a child abuse background clearance from the Dept. of Human Services and a criminal background clearance from the Pennsylvania State Police. I am attaching copies of my clearances here. I understand that I will be required to produce original clearance reports before beginning service; and
(b) I have been a resident of Pennsylvania during the entire previous ten-year period and have not been arrested for or convicted of any for the offense below or crimes similar in nature, or the attempt, solicitation, or conspiracy thereof, or a similar offense 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 of this Commonwealth:

- Chapter 25 (criminal homicide) -Section 3124.1 (sexual assault) - Section 4305 (dealing in infant children)
- Section 2702 (aggravated assault) -Section 3124.2 (institutional sexual assault) - Section 5902(b) (prostitution and related offenses)
-Section 2709.1 (stalking) - Section 3125 (aggravated indecent assault) - Section 5903(c) or (d) (obscene and other sexual materials and performances)
- Section 2901 (kidnapping) - Section 3126 (indecent assault) - Section 6301 (corruption of minors)
- Section 2902 (unlawful restraint) -Section 3127 (indecent exposure) - Section 6312 (sexual abuse of children)
- Section 2910 (luring a child into a motor vehicle or structure) -Section 3129 (sexual intercourse with animals) - Section 6318 (unlawful contact with minor)
-Section 3121 (rape) - Section 4303 (concealing death of child) - Section 6319 (solicitation of minors to traffic drugs)
- Section 3122.1 (statutory sexual assault) - Section 4304 (endangering welfare of children) - Section 6320 Sexual exploitation of children)
- Section 3123 (involuntary deviate sexual intercourse)

- (c) I further swear that I have not been arrested for or convicted of a felony offense under the controlled Substance, Drug, Device and Cosmetic Act.
(d) I understand that I may be accepted to serve on a provisional basis for a single period not to exceed thirty (30) days at the discretion of the League. I swear or affirm that I am in compliance with the clearance standards under the law of the jurisdiction where I am domiciled. I further understand that, during any provisional period, I may not work alone with children and that I must work in the immediate vicinity of a permanent employee of the school.

I hereby swear or affirm that the information set forth above is true and correct to the best of my knowledge and belief. I understand that, if information is obtained that I am disqualified from service, I will be dismissed immediately. I also understand that I am signing this document subject to penalty under Sections 4903 and 4904 of the Pennsylvania Criminal Code (false swearing and unsworn falsification).

Date: \_\_\_\_\_ (Please Sign Name) \_\_\_\_\_ (Please Print Name)

- (Please Check)
o Copy of Dept. of Human Service Clearance Attached. \_\_\_\_\_ (Address)
o Copy of Dept. of State Police Criminal Background Clearance Attached. \_\_\_\_\_ (City, State, Zip Code)

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary)

(SEAL)