

SHIPPENSBURG AREA SCHOOL DISTRICT

317 N. Morris Street, Shippensburg PA 17257 717.530.2700 <u>www.shipk12.org</u>

VOLUNTEER AFFIDAVIT

(Submitted in Lieu of Fingerprint-based FBI Clearance pursuant to 23 Pa.C.S.A. §6344.2(b.1))

Name:	
Address:	
Telephone:	
Volunteer Position(s) Applied For:	
I,(Name) hereby attest that all information current. I understand that false statements can and will be punishable	
 I hereby attest and understand that the volunteer position for which I hereby attest that I have been a resident of the Commonwealth of previous ten-year period, i.e. from	I am applying is an unpaid position. If Pennsylvania during the entirety of the en years prior to current date], to the following offenses under Title 18 (relating es listed below, under the laws or former nother state, the District of Columbia, the er law of this Commonwealth.
 Section 4303 (relating to concealing death of child). 	
 Section 4304 (relating to endangering welfare of children) Section 4305 (relating to dealing in infant children) 	ren).
 A felony offense under section 5902(b) (relating to prospection 5903(c) or (d) (relating to obscene and other section 6301 (relating to corruption of minors). Section 6312 (relating to sexual abuse of children). 	sexual materials and performances).
 The attempt, solicitation or conspiracy to commit any of A felony offense under the act of April 14, 1972 (P.L. Substance, Drug, Device and Cosmetic Act, committee preceding verification under this section. 	. 233, No. 64) known as The Controlled
I hereby verify and affirm that I understand that a conviction for any of the offen under federal or other state law or former law disqualifies me from approval for understand and agree that I have an obligation to submit written notice to administrator disclosing any future arrest or conviction for any such offenses, listed as a perpetrator in a founded or indicated report, within 72 hours, of the or notification of listing as a perpetrator.	service as an unpaid volunteer. I further the Superintendent or other designated , and/or any notification that I have been
I hereby verify that all statements in the within Affidavit are true and correct to the best of my knowledge, information and belief. I understand that my statements are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities, which provides that if I knowingly make false averments, can and will subject me to criminal penalties.	
Signature:	Date: