## **Waiver of PA Mandated Background Checks**

While I am an adult who has applied for an unpaid position as a volunteer with the Boy Scouts of America, in my position, I am neither responsible for the welfare of a child nor have direct volunteer contact with children and therefore, am not required to obtain the PA Mandated Background Checks.

I swear/affirm that neither of the following are part of my responsibilities:

- Acting in lieu of or on behalf of a parent (at no point am I the person in charge of children).
- Providing care, supervision, guidance or control of children and having regular and repeated contact that is integral to my volunteer responsibilities. (I do not attend camping trips as a leader or assist at more than 3 meetings or activities with Scouts per year.)

## I further swear/affirm that:

- I do not present myself as a leader or authoritative figure in the Boy Scouts of America.
- If I wear the Scout uniform, it is only for ceremony and not to represent authority.

I further swear/affirm that I reviewed, understand and have completed the Disclosure Statement Application for Volunteers not subject to the PA Mandated Background Checks.

Should my position or responsibilities change, requiring me to obtain the PA Mandated Background Checks, I realize I must submit those certifications to Minsi Trails Council, Boy Scouts of America, before assuming the new position or responsibilities.

BSA Member ID Number:		Unit Type:	_ Unit #:
Volunteer Position:			
Name:	Signature:		
Unit Verification –			
Name:	Signature:		
Date:Volun	teer Position:		

Positions this Waiver may apply to include: Chartered Organization Representative, Committee Chair, Committee Member, Unit College Scouter Reserve, Unit Scouter Reserve, Pack Trainer.

COMPLETE AND RETURN BOTH SIDES.

## MINSI TRAILS COUNCIL DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS

Required by the Child Protective Service Law 23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a clearance through the Federal Bureau of Investigation, as:

- the position I am applying for is unpaid; and
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes 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 (relating to criminal homicide)
Section 2702 (relating to aggravated assault)
Section 2709 (relating to stalking)
Section 2901 (relating to kidnapping)
Section 2902 (relating to unlawful restraint)
Section 3121 (relating to rape)
Section 3122.1 (relating to statutory sexual assault)
Section 3123 (relating to involuntary deviate sexual intercourse)
Section 3124.1 (relating to sexual assault)
Section 3125 (relating to aggravated indecent assault)
Section 3126 (relating to indecent assault)

Section 3127 (relating to indecent exposure)
Section 4302 (relating to incest)
Section 4303 (relating to concealing death of child)
Section 4304 (relating to endangering welfare of children)
Section 4305 (relating to dealing in infant children)
Section 5902(b) (relating to prostitution and related offenses)
Section 5903(c) (d) (relating to obscene and other sexual material and performances)
Section 6301 (relating to corruption of minors)
Section 6312 (relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes 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.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be my responsibility.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances. I hereby swear/affirm that the information as set forth above is true and correct.

Name:	Signature:
Witness:	Signature:
Date:	RETURN THIS FORM TO YOUR UNIT COMMITTEE CHAIR.

I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.