**CORA Services Volunteer Affidavit**

A CORA Services volunteer who has been a resident of Pennsylvania during the entirety of the previous ten-year period does not need to submit a Report of Federal Criminal History Record (fingerprinting) if this Volunteer Affidavit is completed.

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, would like to serve in the position of an unpaid volunteer for CORA Services. Under penalty of law, I affirm that I have been a Pennsylvania resident during the entirety of the ten-year period prior to my signing this Volunteer Affidavit. I am aware that CORA Services will be relying upon this Volunteer Affidavit for the purpose of complying with Pennsylvania’s Child Protective Services Law (“CPSL”). I further affirm that I am not disqualified from service as a school volunteer by reason of having been convicted of any of the following offenses under Title 18 of the Pennsylvania Crimes Code or of an offense similar in nature 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 Pennsylvania:

• Chapter 25 (relating to criminal homicide)

• Section 2702 (relating to aggravated assault)

• Section 2709.1 (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)

• A felony offense under section 5902(b) (relating to prostitution and related offenses)

• Section 5903 (c) or (d) (relating to obscene and other sexual materials and performances)

• Section 6301 (relating to corruption of minors)

• Section 6312 (relating to sexual abuse of children)

• A felony offense under the act of April 14, 1972 (P.L. 233, No. 64) known as The Controlled Substances, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding today’s date

• The attempt, solicitation or conspiracy to commit any of the above offenses

I further affirm that in the event that I am arrested for, or convicted of, an offense that would constitute grounds for denying my further participation as a volunteer, or if I am named as a perpetrator of child abuse, I will provide CORA Services with written notice not later than 72 hours after the arrest, conviction, or notification that I have been listed as a perpetrator of child abuse in the statewide database.

I understand that the execution of this Affidavit will only eliminate the necessity of securing a federal criminal records check from the FBI and that I am still required to secure a report of criminal history information from the Pennsylvania State Police, and a certification from the Department of Public Human Services that I am not named in the statewide database as the perpetrator of a founded report or an indicated report, and am not the subject of a pending child abuse investigation.

I verify that the facts and statements contained in this Volunteer Affidavit are true and correct to the best of my knowledge, information and belief. I understand that any false statements herein are made subject to the penalties of 18 Pa. C.S.A Section 4903, relating to false swearing in official matters.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Volunteer Signature Date (mm/dd/yyyy) Witness Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Child’s Name who attends YouthCOR YouthCOR Site**