of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puer 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 above, or am named as perpetrator in a founded or indicated report, I must provide the administrat 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 progr 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 Prote Services Law, or was named as perpetrator in a founded or indicated report, or I have provided not: as required under this section, the person responsible for employment decisions or administrator of program, activity or service shall immediately require me to submit current clearances obtained thr the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the employing entity or prog activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor 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. I understand that f swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____   Signature: _____

Witness: _____   Signature: _____

Date: _____