WILSON SCHOOL DISTRICT

SCHOOL VOLUNTEER DISCLOSURE STATEMENT

Name ________________________________

Address ______________________________ State _______ Zip _______

_____ I am _______ I am not a resident of the Commonwealth of Pennsylvania.

I swear/affirm that I have mailed the requests for clearance to Child Line, the Pennsylvania State Police (where applicable).

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse or have been named as the individual responsible for injury or abuse in a founded report for school employee.

I swear/affirm that I have not been convicted of or plead guilty or no contest to one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state.

Chapter 25 (relating to criminal homicide)
Section 2702 (relating to aggravated assault)
Former Section 2709 (b) (relating to stalking)
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 born out of wedlock)
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)
Any offense designated as a felony under the act of April 14, 1972, (P.L.233, No. 64), known as “The Controlled Substance Drug, Device and Cosmetic Act.”

I understand that I must be dismissed if I have been named as a perpetrator of a founded report of child abuse or named as the individual responsible for injury or abuse in a founded report for school employee.

I understand that I must be dismissed if I have been convicted of any of the crimes listed above.

I understand that I must be dismissed if I have been named as the perpetrator of an indicated report of child abuse, or named as the individual responsible for injury or abuse in an indicated report for school employee.

I have been provided with a copy of and have read the Wilson School Board Policy #916. School Volunteers and agreed to comply with this policy.

I understand that as a Volunteer I am not an employee and I will not receive any compensation of any type for the work performed.

I understand that I am not entitled to workers’ compensation or group medical benefits from the district while acting as a volunteer.

I understand that I may be terminated at any time by the District as a volunteer without any formal proceedings and that I serve at the sole discretion of the District.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903 (b) of the Crimes Code.

Date ________________________________  Name ________________________________
                          Type/Print

Witness Name________________________  Signature ________________________________
                          Type/Print

Witness Signature____________________