

Print, complete the PA Disclosure Statement and upload to Special Olympics Pennsylvania (SOPA) Online Portal. You must obtain a “witness” signature. A witness is someone who is 18 years of age or older and can attest to your signature. Your signature and your witness signature must be handwritten; no electronic signatures will be accepted.

**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 certification through the Federal Bureau of Investigation (FBI), 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 understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

- **Go to: <https://www.identogo.com/to find locations to support this requirement>.**
- **Once you have received the results, bring the original report to your local program.**

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below 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 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.

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| 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) 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. |

Volunteer’s Signature for Page 1. _____

I swear/affirm that 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 certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

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 certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

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 certifications.

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

Name: _____ **Signature:** _____

Witness: _____ **Signature:** _____

(A witness is someone who is 18 years of age or older and can attest to your signature)

Date: _____ **SOPA Local Program Name:** _____

**When complete, please submit both pages to Special Olympics Pennsylvania (SOPA):
To upload onto the Online Portal, log in, click the "My Information" tab and scroll down to "PA
Disclosure Statement." "Browse" for your saved file(s), select and "Submit."**

Any questions? Please contact ClassAPAVolunteerDisclosureStatement@SpecialOlympicsPA.org.