

# ***Mid-West Wrestling Association-Volunteer Disclosure Statement***

(As addressed by 23 PA C.S.A §6356 (2) (II) and 24 PS 1-111 PLEASE READ AND COMPLETE CAREFULLY and COMPLETELY!

Name: (PLEASE PRINT) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

(Check all that apply.)

I swear/affirm that I have mailed the requests for clearances to ChildLine; the Pennsylvania State Police; or the Federal Bureau of Investigation, if applicable.

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

I swear/affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state within the preceding five years.

Chapter 25 (relating to criminal homicide)	Section 2702 (relating to aggravated assault)	Section 2709 (relating to harassment)	Section 2901 (relating to kidnapping)
Section 2902 (relating to unlawful restraint)	Section 3121 (relating to rape)	Section 3122 (relating to statutory rape)	Section 3123 (relating to involuntary deviate sexual intercourse)
Section 3125 (relating to aggravated indecent assault)	Section 3126 (relating to indecent assault)	Section 3127 (relating to indecent exposure)	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)	Any felony offense under section 5902 (b) relating to prostitution and related offenses)	Section 5903 (c) or (d) (relating to obscene and other sexual materials)
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 by completing the requests for clearances and forwarding them to Mid-West Wrestling Association I can be provisionally assigned as a volunteer for 30 days pending receipt of the State Police background check and the Pennsylvania Child Abuse History Clearance. If the completed clearances have not been received from the State Police or the Department of Public Welfare by the 30<sup>th</sup> day, I will be released from any volunteer positions associated with MWWA. Upon receipt of the satisfactory clearances, I may be reinstated to my previous volunteer assignment.
- I understand that as a provisional volunteer I must work within eyesight of a Coach with clearance status at all times, and will not be alone with any children other than my own at any time while acting as a MWWA volunteer.
- I understand that I must be dismissed if I have been named as a perpetrator of a founded report of child abuse or as the individual responsible for injury or abuse in founded report for a school employee.
- I understand that I must be dismissed if I have been convicted of any of the crimes listed above within the past five years.
- I understand that my volunteer involvement may be terminated if I have been convicted of any of the above crimes longer than five years ago, have been named as the perpetrator of an indicted report of child abuse or have been named as the individual responsible for injury or abuse of an indicated report for a school employee.

I hereby swear/affirm that the information 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Application for Reimbursement of ACT 34 and 151 Clearance Fees**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am applying for reimbursement of the two (2) \$10 fees associated with applying for the Act 34 and 151 clearances.

I understand I can only receive reimbursement if I deliver the original clearances I receive from the state to the association secretary for official records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_