



DRIVING FLEETWOOD FORWARD.

# Volunteer Policy

The Fleetwood Area Public Library (FAPL) shall use the services of volunteers/community service to supplement the efforts of paid staff in meeting demands for quality public service. They are not to replace the work done by the library staff. Volunteers are expected to act in accordance with the library policies and to reflect positive customer service attitudes to all library patrons.

- Volunteers must complete the Volunteer Application Form.
- Volunteers must be at least 14 years old and have their own transportation arrangements to and from the library.
- Volunteers between the ages of 14-17 must complete the application form and have signed parental consent in order to volunteer at the library and library-sponsored events.
- Volunteers are scheduled for specific times based on the needs of the library. If a volunteer is unable to keep his/her scheduled shift, they are to call the library in advance so we may make other arrangements for that time frame. If a volunteer is consistently absent without notifying the library, the library reserves the right to assign another volunteer those service hours.
- Due to the confidentiality of patron records that the Library must uphold, volunteers may not use staff computers for any reason.
- Volunteers are not permitted to be behind the circulation desk .
- Volunteers are not permitted to accept any form of payment from patrons for library fines or other fees under any circumstances. Only library staff may accept payments as noted in the Personnel Policy.
- Volunteers ages 18 and older will need to submit their Pennsylvania State Police Criminal Background Check, Pennsylvania Child Abuse Clearances, and a fingerprint based federal criminal history (FBI) clearance with an effective date of the past 36 months. If the volunteer has lived in the state of Pennsylvania continuously for the past 10 years they may fill out the affidavit affirming so in lieu of completing the FBI fingerprint clearance. If for any reason the Background Check or Child Abuse Clearance lists a prior record of charges, the individual will not be able to volunteer at the Fleetwood Area Public Library. This includes

serving as a Fleetwood Area Public Library Trustee or volunteering with the Friends of the Fleetwood Area Public Library.

- All volunteers 18 and over will be required to obtain clearances every 60 months. The Library Director will keep track of all clearances and notify volunteers at the beginning of each calendar year if they will be required to renew any clearances for the upcoming year.
- The library reserves the right to dismiss a volunteer at any time, for any reason.

### **Court Ordered Community Service Requests:**

Requests by offenders needing to perform court-ordered community service must be submitted in writing for approval by the Board of Trustees at its regularly scheduled meeting **unless under 20 hours total needed**. The request must include: the reason for court-ordered community service, the number of hours needed, and any deadline by which the hours of service must be completed. Upon Board approval, the Library Director will contact the individual to schedule the hours based upon the library's need. The library **will not** accept individuals who have been charged with a felony including but not limited to the following:

- Theft of any kind, including larceny, embezzlement, shoplifting, etc.
- Violence of any kind
- Illegal drug charges of any kind
- Sexual charges of any nature including indecent exposure, etc.
- Harassment
- Fraud
- Any crimes against children.

Once the Board of Trustees has approved the request:

- Hours must be scheduled according to the Library Director's availability.
- Community Service volunteers must be supervised by the Library Director at all times.
- Community Service volunteers must call 24 hours in advance to reschedule their hours. Those who do not show up and do not call in advance will not be able to complete their service at the library.
- The Library Director reserves the right to cancel the community service agreement at any point at his/her discretion.

**Approved November 18, 2014**

**Revised and Approved March 21st , 2017**

**Revised and Approved January 15th, 2019**

**Revised and Approved March 21st, 2023**



# Volunteer Application

DRIVING FLEETWOOD FORWARD.

Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Emergency Contact (Name & Phone Number): \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Please mark the tasks you are interested in:

Shelving       Teach a class you know a lot about/enjoy       Cleaning  
 Assisting at external library events (carnivals, etc.)       Assisting with summer children's programs

Are you required to perform service hours for another agency or organization? If so, please provide the agency's name, contact person, and phone number. Indicate the number of hours required and completion date:

\_\_\_\_\_

What special skills, interests, or training do you have?

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

To best meet your needs, please describe any goals or expectations you have regarding volunteering at the Fleetwood Area Public Library:

\_\_\_\_\_

When are you available to volunteer (please circle all times that apply):

Mornings (9am-12pm)      Afternoons (12pm-4pm)      Evenings (4pm-7pm)



# Juvenile Volunteers

## Additional Information for 14-17 year old volunteers

- You must be at least 14 years old to volunteer at the Fleetwood Area Public Library
- You must be able to get to the Library and home again at your scheduled time.
- I understand volunteer work is an important commitment to the Library. When I cannot work at the assigned time, I will notify the Library by phone as soon as possible so that a substitute may be called.

I have read this additional information for Youth Services Volunteers and will fulfill my commitment faithfully. When I no longer want to volunteer, I will contact the Director.

Volunteer

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

Parent

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

Date of Birth: \_\_\_\_\_

Are there any health considerations for this Youth Volunteer we should be aware of?

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## Instructions for Volunteer Clearances

1. If you have current clearances with a date within the past three years you may simply photocopy them and turn those in.
2. If you need to obtain new clearances the appropriate paperwork is attached to the volunteer application. You can fill them out and either:
  - a. Mail them in and wait for copies to return. When they return please bring in a copy to us so we can have them on file.
  - b. Go to the appropriate website and obtain them online and then photocopy them so we can have them on file.
3. If you have lived in the state of Pennsylvania continuously for the past 10 years you do not need to obtain your FBI fingerprint clearance. Attached to the volunteer application is a statement of affirmation that you can complete verifying that you have lived in the state of Pennsylvania continuously for the past 10 years.
4. Volunteer clearances are free if you have not gotten them within five years. It is your responsibility to fill out the appropriate paperwork either online or by mailing the certification forms in and then providing us with a copy of the results.

### Online Links:

Request for criminal records with the Pennsylvania State Police:

<https://epatch.state.pa.us>

Pennsylvania Child Abuse History Certification:

<https://www.compass.state.pa.us/CWIS>

**PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK  
VOLUNTEER ONLY**

1-888-QUERYPA (1-888-783-7972)

This form is to be completed in ink by the requester - (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**  
<https://epatch.state.pa.us>

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY - RCP 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY) <i>Fleetwood Area Public Library</i>		TELEPHONE NUMBER <i>610 944-0146</i>		

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.

By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$8 fee is being waived because of my status as an unpaid volunteer

REQUESTER SIGNATURE <small>(*Signature required for processing*)</small>	DATE
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**WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.**

## INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

### General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having direct contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

### Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
  - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children, drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
- (2) An area vocational-technical school.
- (3) A joint school.
- (4) An intermediate unit.
- (5) A charter school or regional charter school.
- (6) A cyber charter school.
- (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
- (8) A private school accredited by an accrediting association approved by the state Board of Education.
- (9) A non-public school.
- (10) An institution of higher education.
- (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
- (12) The Hiram G. Andrews Center.
- (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.

- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
- Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a program, activity, or service, as a person responsible for the child's welfare or having direct contact with children:  
Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
  - A youth camp or program;
  - A recreational camp or program;
  - A sports or athletic program;
  - A community or social outreach program;
  - An enrichment or educational program; and
  - A troop, club, or similar organization
- Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
- Check the box for **individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the box for **individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.

- Check the box for individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year if you are an adult household member in this setting and require certification.
- Check the box for individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year if you are an adult household member in this setting and require certification.
- Check the volunteer having direct volunteer contact with children box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the other box and write the name of the organization in the space provided.
- Check the PA Department of Human Services employment & training program participant box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a "PAYMENT AUTHORIZATION CODE" by an organization, please provide the agency/organization name in the space provided and the payment authorization code in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

**Applicant Demographic Information:**

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary; **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

**Address:**

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note: If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.**

**Contact Information:**

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

**Previous Names Used Since 1975:**

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

**Previous Addresses Since 1975:**

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

**Household Members:**

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

**Signature:**

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

**CHILDLINE USE ONLY:**

- Please **DO NOT WRITE** in this section. This is for CHILDLINE staff only.

**Additional Information:**

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.



# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in Ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

**APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.**

## PURPOSE OF CERTIFICATION (Check one box only)

- |   |   |
|---|---|
| <input type="checkbox"/> Foster parent<br><input type="checkbox"/> Prospective adoptive parent<br><input type="checkbox"/> Employee of child care services<br><input type="checkbox"/> School employee governed by the Public School Code<br><input type="checkbox"/> School employee not governed by the Public School Code<br><input type="checkbox"/> Self-employed provider of child-care services in a family child-care home<br><input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service<br><input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children<br>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:<br><input type="checkbox"/> Big Brother/Big Sister and/or affiliate<br><input type="checkbox"/> Domestic violence shelter and/or affiliate<br><input type="checkbox"/> Rape crisis center and/or affiliate<br><input type="checkbox"/> Other: _____<br><br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) |
|---|---|

\_\_\_\_\_  
SIGNATURE OF OIM/CAO REPRESENTATIVE

\_\_\_\_\_  
OIM/CAO PHONE NUMBER

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

## APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children, adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

## CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
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EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)				
Name (First, Middle, Last)	Relationship	Present Age	Gender	
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #

Complete if VOLUNTEER has been a continuous resident of PA for the past 10 Years

## AFFIRMATION OF CONTINUOUS RESIDENCE IN PENNSYLVANIA FOR VOLUNTEERS IN LIEU OF FBI CLEARANCE

I, the undersigned, affirm that I have been a continuous resident of Pennsylvania for the 10 years preceding the undersigned date.

I affirm that I am not disqualified from service under 23 Pa. C.S. § 6344.2 in that no cause exists under 23 Pa. C.S. § 6344(c) for denying my participation as a volunteer at the Fleetwood Area Public Library. Specifically, I swear or affirm that:

- I have not been named in the Statewide database as a perpetrator of a founded report committed within the five-year period immediately preceding the date signed below.
- I have not been convicted of any of the following offenses under Pennsylvania Title 18 (relating to crimes and offense) or an equivalent crime under Federal law or the law of another state:
  - Chapter 25 (relating to criminal homicide).
  - Section 2702 (relating to aggravated assault).
  - Section 2709.1 (related to stalking).
  - Section 2901 (related to kidnapping).
  - Section 2902 (relating to unlawful restraint).
  - Section 3121 (relating to rape).
  - Section 3122.1 (relating to 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 4303 (relating to incest).
  - Section 4304 (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).
  - The attempt, solicitation or conspiracy to commit any of the offenses set forth above.
- I swear that I have not been convicted of a felony offense under the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device, Cosmetic Act, committed within the five-year period immediately preceding the date signed below.

I agree that I must inform the Library Director of any change in the above circumstances within 24 hours of such change occurring.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (Library Employee)

Version date: January 2019