

MT. LEBANON MUNICIPALITY VOLUNTEER VERIFICATION

I, _____ [*print name of verifying party*], duly affirm and verify the truth of the following statements.

1. That I have been a continuous resident in the Commonwealth of Pennsylvania for at least ten (10) years prior to the date set forth below.
2. That I have never been convicted of any of the following offenses in any jurisdiction:
 - Any offense relating to criminal homicide
 - Aggravated assault
 - Stalking
 - Kidnapping
 - Unlawful restraint
 - Rape/Sexual assault
 - Involuntary deviate sexual intercourse
 - Sexual assault
 - Aggravated indecent assault
 - Indecent assault
 - Indecent exposure
 - Incest
 - Concealing death of a child
 - Endangering welfare of children
 - Dealing in infant children
 - A felony offense relating to prostitution and related offenses
 - Any offense relating to obscene and other sexual materials and performances
 - Corruption of minors
 - Sexual abuse of children
 - The attempt, solicitation, or conspiracy to commit any of the above offenses
- b. An 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."
- c. An offense similar in nature to those crimes listed above under the 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 the Commonwealth.

By my signature below, I verify that the averments made herein are true and correct, based upon my personal knowledge and belief. I understand that averments of fact in this document are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Date

Signature