

**STATEMENT OF PAID INDIVIDUAL 14-17 YEARS OF AGE
FOR CHILDREN'S PROGRAMS**

1. My full name and address are as follows: _____

2. I am not disqualified from service as further set forth below.
3. I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten (10) year period.
4. By signing below, I swear or affirm that I am neither a perpetrator of a founded report of child abuse nor named in any Registry as the perpetrator of a founded report of child abuse.
5. I further swear or affirm that I have never been convicted of or pled guilty to any of the following offenses: criminal homicide; aggravated assault; stalking; kidnapping; unlawful restraint; rape; statutory sexual assault; involuntary deviate sexual intercourse; sexual assault; aggravated indecent assault; indecent assault; indecent exposure; incest; concealing the death of a child; endangering the welfare of children; dealing in infant children; prostitution and related offenses; obscene and other sexual material and performances; corruption of minors; sexual abuse of children; or the attempt, solicitation or conspiracy to commit any of the aforementioned offenses.
6. I further attest and certify that I have not been convicted of an offense designated as a felony under the Controlled Substance, Drug, Device and Cosmetic Act.
7. I further attest and certify that I have not been convicted of an offense similar in nature to those offenses listed above under the laws or former laws of the United States or one of its possessions, another State, the District of Columbia, the Commonwealth of Puerto Rico, a foreign nation, or a former law of this Commonwealth.

I hereby swear or affirm that the statements set forth above are true and correct.

Dated

Signature

Print Name