

Annex 0 - Personal Information Disclosure for Authorized Adults Participating in Youth Programs

Name: _____
Last First Middle Initial

Current

Address: _____
Num Gender [] Male [] Female [] Other [] _____

Do you have a maiden name or any other name you have formerly been known by? Yes [] No []

If so, what was it: _____

Previous (if less than 5 years at current address)

Address: _____
Number and Street

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Disclosures

Have you ever been convicted of, or pled guilty or no contest to, a (i) felony, or (ii) a misdemeanor involving possession of illegal drugs, assault, battery, abuse- or sex-related offenses? Please note that a criminal record search will be conducted. Although a conviction or arrest is not necessarily a bar to your service, concealment of any conviction may result in termination of your employment or withdrawal of any offer to participate in a program involving minors.	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
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If yes, please explain, including the nature of the offense, date, court location, and all other information that would be helpful to us in considering your application.

Has a verdict or judgment ever been rendered against you in any civil action arising out of any personal act or conduct related to abuse or sexual abuse of a child or an adult with special needs?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
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