Voluntary Disclosure-Volunteer Waiver-Background -CPR-First Aid
This Form Must Be Completed For All Leaders, Staff, & Counselors
(Due before group arrival-Must be completed and re-signed yearly)

Name: _____ Date of Birth_____
Last First Middle
Home Address: _____
Street Address City State Zip
Other names by which known (e.g., maiden name):_____
Home Phone:_____ E-mail:_____
Driver's License#:_____ State: _____ Expire Date_____
Previous residence(s) for last five years: (Include college and residences. Continue on a separate sheet, if necessary)
City:_____ State:_____ Years:_____

City:_____ State:_____ Years:_____

1. Have you ever been convicted of any crime including, but not limited to, any crime similar in manner to children and/or your conduct with them, Indecent assault and battery on a child under fourteen, Indecent assault and battery on a mentally retarded person, Indecent assault and battery on a person who has obtained the age of fourteen, Rape, Rape of a child under sixteen with force, Assault with intent to commit rape, Kidnapping of a child under sixteen with intent to commit rape, Distribution and trafficking of narcotics or other controlled substances, or Intent to commit any of the above crimes? YES NO
2. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? YES NO
3. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection YES NO
4. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? YES NO

I understand that PVBCC may deny eligibility to any person who answers" yes" to any one of questions 1-4. If circumstances indicate a "yes" answer to any of the above questions, eligibility may be terminated immediately. The information provided on this form is subject to verification, which will include a background check. PVBCC may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to: have a history of complaints of abuse of a minor; have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/ or have falsified or omitted information in this disclosure statement. If you answered yes on any of the above questions, please explain on a separate sheet.

Signature of Applicant:_____ Date:_____

Signature of Minor's Parent/ Guardian:_____Date:_____

VOLUNTEER ONLY. The Volunteer, with full knowledge of his/her rights, does hereby freely, voluntarily, and without duress execute this Waiver and release under the following terms: Volunteer understands that he/she is donating their services without promise, expectation or receipt of compensation. The Volunteer understands that any medical insurance offered is secondary to their insurance. Each Volunteer is expected and encouraged to arrive with medical or heath insurance in effect. Volunteer has executed this Waiver and Release

Signature of Volunteer:_____ Date:_____

Signature of Minor's Parent/Guardian:_____ Date:_____

Director's Statement.

Background Checked with; __ www.nsopw.gov __ Live Scan, (find locations at): http://www.ag.ca.gov/fingerprints

Person who conducted background check:_____Phone:_____

Background Approved YES NO Signature:_____ Date:_____

Health Supervisor's Statement. Individual has trained in the principles of First Aid & CPR. YES NO
Group Health Supervisor (Sign):_____ Date:_____