

VOLUNTEER STATEMENT

Name	Employment Date
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I (check one) **DO** **DO NOT** have a criminal conviction (to include deferred judgments, even if discharged) of any law in any state. (If “**DO**” is checked, briefly explain the circumstances).

I (check one) **DO** **DO NOT** have a founded or confirmed report of child or adult abuse in any state. (If “**DO**” is checked, briefly explain the circumstances).

I (check one) **DO** **DO NOT** have a communicable diseases or health concern that would pose a threat to the health, safety, or well-being of the children. (If “**DO**” is checked, briefly explain the circumstances).

I (check one) **HAVE** **HAVE NOT** been informed of my responsibilities as a mandatory reporter of child abuse.

I **Affirm** that I am free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or nonprescription drug that could impair my ability to function. (If unable to affirm, please explain).

Signature	Date
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