

Today's Date _____

Guest Leader/Counselor Voluntary Disclosure Statement

Church/Organization Name _____

Dates Attending _____

Basic Information

This information is collected for the use of background checks only. Please print legibly.

Name _____
Last First Middle

Other names by which known (e.g., maiden name) _____

Birth Date _____ Social Security # _____

Driver's License # _____ State _____ Expiration Date _____

Home address _____
Street Address City State Zip

Primary Phone _____ Secondary Phone _____

E-mail address (optional) _____

School or College (if applicable) _____

School or College Address _____
Street Address City State Zip

History

Previous residence(s) for last five years (include college and home residences): City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

(Continue on separate sheet if necessary.)

1. Have you ever been arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)
 Yes No If yes, please explain. (Use a separate sheet if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?
 Yes No If yes, please explain. (Use a separate sheet if necessary.)

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

- Indecent assault and battery on a child under fourteen Yes No
- Indecent assault and battery on a mentally retarded person Yes No
- Indecent assault and battery on a person who has obtained the age of fourteen Yes No
- Rape Yes No
- Rape of a child under sixteen with force Yes No
- Assault with intent to commit rape Yes No
- Kidnapping of a child under sixteen with intent to commit rape Yes No
- Distribution and trafficking of narcotics or other controlled substances Yes No
- Intent to commit any of the above crimes Yes No

If yes to any of the above, please explain. (Use a separate sheet if necessary.)

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Yes No If yes, please explain. (Use a separate sheet if necessary.)

5. 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 If yes, please explain. (Use a separate sheet if necessary.)

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

Yes No If yes, please explain. (Use a separate sheet if necessary.)

I understand that:

- a. The American Legion Auxiliary (ALA) reserves the right to deny involvement as a guest counselor to any person who answers "yes" to any one of questions 2-7. If the ALA later discovers circumstances that would indicate a "yes" answer to any of the above questions, involvement as a guest counselor may be terminated immediately.
- b. The information provided on this form is subject to verification, which may include a criminal history check and request from any central registry of child abusers. (A separate release form may be required.)
- c. The ALA may terminate guest counselor involvement of any person if that person is found, regardless of when discovered, to: 1) have a history of complaints of abuse of a minor; or 2) been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; 3) and/or have falsified or omitted information in this disclosure statement.
- d. This disclosure statement must be updated yearly and immediate notification provided to the ALA if any information provided changes.

Signature

Date

Signature of Minor's Parent or Guardian

Date