BHS Volunteer Working With Youth Voluntary Disclosure Statement

This form should be returned to customerservice@barbershop.org.

This form is not a suitable replacement of a background check, but may be utilized. This also may be used for those who are not citizens of the United States.

Individual Information:

Name: _____
First Name Middle Initial Last Name

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

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to say Date of Birth: _____/_____/_____

Identification #: _____ (e.g., License #, Passport #, etc.)

Address: _____
_____
_____

Phone Number: (_____)-_____-_____ Home

(_____)-_____-_____ Cell

Role: _____

History:

1) Previous residence(s) for last five years (including college and home residences)

City: _____ State: _____ Country: _____ Years: _____

City: _____ State: _____ Country: _____ Years: _____

City: _____ State: _____ Country: _____ Years: _____

City: _____ State: _____ Country: _____ Years: _____

2) 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? ☐ Yes ☐ No

- Indecent assault and battery on a child
- Indecent assault and battery on a person with an intellectual disability
- Indecent assault and battery on a person
- Rape
- Assault with intent to commit rape
- Kidnapping with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above or similar crime

If yes, please explain (use a separate sheet, if necessary):

_____

_____

_____

3) Have you ever been adjudged for civil penalties or damages involving sexual or physical abuse of children? ☐ Yes ☐ No

If yes, please explain (use a separate sheet, if necessary):

_____

_____

_____

4) 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):

_____

_____

_____

5) 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):

_____

_____

_____

Agreement:

I, _____, (printed name) understand that:

- The organization may deny volunteer service to any person who answers "yes" to any one of questions 2-5. If accepted as a volunteer, and the organization later discovers circumstances that would indicate a "yes" answer to any of the above questions, the individual will be asked to vacate the position immediately and liability shall not fall on the organization.
- The information provided on this form is subject to verification, which may include request of a criminal history check and request from any Central Registry of child abusers.
- The organization may terminate volunteer service of any person that 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 and/or
    - Have falsified or omitted information on this statement
- This disclosure must be updated at least every three years.

_____ _____

Signature *Date*