	oluntary Disclosure Statement	Mail this form to the	address below	v by		(date)		
	Il Camp Staff FM 16 eveloped and approved by the							
	merican AMP association®							
u								
Na	ame		_Birth date					
	Last First	Middle						
Ho	ome address							
	Street Address	City			State	Zip		
Sc	ocial Security #Other	names by which know	n (e.g., maio	den name) _				
Ho	ome phone	Business phone	(if applicable	e)				
Ce	ell phone (optional) E-ma	ail address (optional) ₋						
Sc	chool or College							
Ac	ddress	City			State	Zip		
Dr	iver's License #		Expiration F	ate				
1.	Previous residence(s) for last five years (include c	-	-					
	City		State	Years				
	City		State	Years				
	City		State	Years				
	City		State	Years				
	(Continue on separate sheet, if necessary.)							
2.		lave you ever been arrested and/or charged with a crime? (This includes all arrest and charges whether						
	or not they were dismissed, deemed nolle prosequences	ui, deferred adjudicatio	on, or found	not guilty.)		□ Yes □ No		
3.	Have you ever been convicted of any crime relatir	ng in anv manner to ch	hildren and/o	or vour				
-	conduct with them?					🗆 Yes 🗆 No		
	If yes, please explain: (Use a separate sheet, if ne	ecessary.)						
4.	Have you ever been convicted of any crime includ	dina. but not limited to.	those listed	below				
	and/or any crime similar in any manner to those list		🗆 Yes 🗆 No					
	 Indecent assault and battery on a child under fourteen Indecent assault and battery on an individual with an intellectual disability 							
	 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							
	Intent to commit any of the above crimes.							

Г

-

If yes	, please	explain:	(Use a	separate sheet,	if necessar	y.))
--------	----------	----------	--------	-----------------	-------------	-----	---

5. Have you ever been adjudged liable for civil penalties or damages involving sexu physical abuse of children?	al or □ Yes □ No
If yes, please explain: (Use a separate sheet, if necessary.)	
6. Are you now or have you ever been subject to any court order involving sexual or abuse of a minor, including, but not limited to a domestic order or protection?	r physical □ Yes □ No
If yes, please explain: (Use a separate sheet, if necessary.)	
7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?	□ Yes □ No
If yes, please explain:	
understand that:	
a) The camp may deny employment to any person who answers "yes" to any one of que employer later discovers circumstances that would indicate a "yes" answer to any of th may be terminated immediately.	
b) The information provided on this form is subject to verification, which may include a cr and request from any Central Registry of child abusers. (A separate release form may	
 c) The camp may terminate employment or volunteer service of any person if that person 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 to complaint(s) of sexual abuse of a minor; have falsified or omitted information in this disclosure statement. 	
d) This disclosure statement must be updated yearly and immediate notification provided	to the camp if any information provided changes
Signature	Date
Signature of Minor's Parent or Guardian	Date