

# Annex 0 - Personal Information Disclosure for Authorized Adults Participating in Youth Programs

Name: \_\_\_\_\_  
Last First Middle Initial

Current

Address: \_\_\_\_\_  
Num Gender [ ] Male [ ] Female [ ] Other [ ] \_\_\_\_\_

Do you have a maiden name or any other name you have formerly been known by? Yes [ ] No [ ]

If so, what was it: \_\_\_\_\_

Previous (if less than 5 years at current address)

Address: \_\_\_\_\_  
Number and Street

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### Disclosures

Have you ever been convicted of, or pled guilty or no contest to, a (i) felony, or (ii) a misdemeanor involving possession of illegal drugs, assault, battery, abuse- or sex-related offenses? Please note that a criminal record search will be conducted. Although a conviction or arrest is not necessarily a bar to your service, concealment of any conviction may result in termination of your employment or withdrawal of any offer to participate in a program involving minors.	Yes [ <input type="checkbox"/> ]    No [ <input type="checkbox"/> ]
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If yes, please explain, including the nature of the offense, date, court location, and all other information that would be helpful to us in considering your application.

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Has a verdict or judgment ever been rendered against you in any civil action arising out of any personal act or conduct related to abuse or sexual abuse of a child or an adult with special needs?	Yes [ <input type="checkbox"/> ]    No [ <input type="checkbox"/> ]
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