

Form - 02 VOLUNTARY DISCLOSURE • VOLUNTEER WAIVER
BACKGROUND • CPR

THIS FORM MUST BE COMPLETED FOR ALL LEADERS, STAFF & COUNSELORS
(Due back with Detail Sheet - Must be completed and re-signed yearly)



Name: _____ Birth date: _____

Home address: _____

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

Home Phone: _____ E-mail: _____ @ _____

Current address: _____

Drivers License #: _____ Exp. Date: _____ Do Not Call Do Not Mail Do Not Email

Previous residence(s) for last five years (include college and home residences. Continue on a separate sheet, if necessary):

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

1. Have you ever been convicted of any crime including, but not limited to, any crime similar in manner to children and/or your conduct with them, Indecent assault and battery on a child under fourteen, Indecent assault and battery on a mentally retarded person, 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, or Intent to commit any of the above crimes? YES NO
2. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? YES NO
3. 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
4. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? YES NO

I understand that MHBC may deny eligibility to any person who answers "yes" to any one of questions 1-4. If circumstances indicate a "yes" answer to any of the above questions, eligibility may be terminated immediately. The information provided on this form is subject to verification, which will include a background check. MHBC may terminate employment or volunteer service of any person if that person 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 of a minor; and/or have falsified or omitted information in this disclosure statement. If you answered yes on any of the above questions, please explain on a separate sheet.

Signature of Applicant: _____ Date: _____

Signature of Minor's Parent/Guardian: _____ Date: _____

VOLUNTEERS ONLY. The Volunteer, with full knowledge of his/her rights, does hereby freely, voluntarily, and without duress execute this Waiver and Release under the following terms: Volunteer understands that he/she is donating their services without promise, expectation or receipt of compensation. The Volunteer understands that Mt. Hope Bible Camp does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to arrive with medical or health insurance in effect. Volunteer has executed this Waiver and Release.

Signature of Volunteer: _____ Date: _____

Signature of Minor's Parent/Guardian: _____ Date: _____

Director's Statement. Background checked with: www.nsopw.gov Live Scan. (Find a location at www.ag.ca.gov/fingerprints)

Person who conducted background check: _____ Phone #: _____

Background Approved YES NO Signature: _____ Date: _____

Health Supervisor's Statement. Individual has been trained in the principles of First Aid & CPR. YES NO

Group Health Supervisor (Sign): _____ Date: _____