

Statement of Disclosure

Our task is to ensure the safety of young people while they are in our care. We ask all adults providing supervision and/or leadership for Association events to provide the following background information. This form is based on State of Wisconsin Department of Health and Family Services Form HFS-64A.

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| 1. I have never been found guilty, pled guilty or no contest to a criminal charge in federal, state, local, military or tribal court (not including acts of civil disobedience for justice issues). | True | Not True |
| 2. No civil lawsuits alleging actual or attempted sexual discrimination, sexual harassment, sexual exploitation, sexual misconduct, physical or emotional abuse, or financial misconduct, has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired. | True | Not True |
| 3. I have never terminated my employment, professional credentials or service in a volunteer position, or had any of these terminated by my supervisors for reasons relating to allegations of actual or attempted sexual discrimination, sexual harassment, sexual exploitation, sexual misconduct, physical or emotional abuse, or financial misconduct. | True | Not True |
| 4. I have not been arrested or convicted of the possession, use or sale of drugs within the last 7 years. | True | Not True |
| 5. I have not abused legal or illegal drugs, or alcohol within the past year. | True | Not True |
| 6. My driver's license has not been suspended or revoked within the last 7 years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance. | True | Not True |
| 7. There are not other facts or circumstances involving my present or past actions that would call into question my being entrusted with leading and supervising children and/or youth. | True | Not True |

If you answer "not true" to any of the above statements, please attach a short explanation of any charges, lawsuits, reasons for termination, dates, nature and place of the incident(s) leading to these, locations where any charges were filed, names and addresses and phone numbers of any employers and/or supervisors involved in terminations, and any other information you feel important to add to help us most fully understand your background.

I, _____, have truthfully completed this form, thus providing the Southwest Association of the Wisconsin Conference United Church of Christ with accurate and honest information regarding my present and past actions.

Signature

Date
