



# Voluntary Disclosure for All Camp Staff

(Developed and approved by the American Camp Association)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Home address: \_\_\_\_\_  
Street Address City State ZIP

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

School or College: \_\_\_\_\_

School address: \_\_\_\_\_  
Street Address City State ZIP

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

1. Previous residence(s) for last five years (Include college and home residences – continue on separate sheet, if necessary.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. (Use a separate sheet, if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. 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 \_\_\_\_\_

- Assault and Battery
- Rape
- Assault
- Kidnapping
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain. (Use a separate sheet, if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. (Use a separate sheet, if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. 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.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. 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.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that:

- a. Camp Neveda Foundation, Inc. ("Camp") may deny employment to any person who answers "yes" to any one of questions 2-6. If hired and the Camp later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b. The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c. The Camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) Have a history of complaints of abuse of a minor,
  - 2) 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
  - 3) Have falsified or omitted information in this disclosure statement.
- d. This disclosure statement must be updated yearly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Minor's Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_