

# YOUTH INITIATIVE VOLUNTEER FORMS

The forms contained herein have been approved by Delta Sigma Theta Sorority, Incorporated, for use by all Chapters. To minimize risk and legal liability, Chapters are prohibited from modifying or altering these forms, except for inserting the name of the Chapter, youth, parent/guardian, or volunteer.

## APPENDIX A1

### VOLUNTEER CANDIDATE ASSESSMENT SUMMARY AND CHECKLIST

**Volunteer Candidate Name:** \_\_\_\_\_

**SCREENING ASSESSMENT SUMMARY**

Please place an "X" in the appropriate box.	YES	NO
Does the applicant meet each of the eligibility criteria?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Red/Cautious Flags?	<input type="checkbox"/>	<input type="checkbox"/>
Did the candidate successfully pass the screening process?	<input type="checkbox"/>	<input type="checkbox"/>

**DOCUMENT CHECKLIST**

APPENDIX	TITLE	DISTRIBUTION INSTRUCTIONS	RECEIVED OR COMPLETED DATE
<b>A2</b>	Volunteer Application	Must be completed in full and returned	
<b>A3</b>	Volunteer Candidate Interview	Use the form to conduct face-to-face interviews; the interviewer will document responses on form	
<b>A4</b>	Reference Check Interviews	Can be distributed and returned electronically or conducted via phone/video interview	
<b>A5</b>	Volunteer Candidate Acceptance Letter	Copy/paste to chapter letterhead	
<b>A6</b>	Volunteer Candidate Rejection Letter	Copy/paste to chapter letterhead	
<b>A7</b>	Some Signs and Symptoms of Child Abuse	Distribute with Volunteer Application for candidate to keep for their reference	
<b>A8</b>	Delta Youth Initiatives Code of Ethics Mandatory Reporting Policy	Candidate will initial, sign, and return	
<b>A9</b>	Volunteer Suspension Letter	Copy/paste to chapter letterhead	
<b>A10</b>	Volunteer Termination Letter	Copy/paste to chapter letterhead	
<b>A11</b>	Annual Confirmation of Youth Volunteer Status and Information Update	Volunteer screening is valid for 3 years; cleared volunteers will complete form on years 2 and 3	
	Annual Confirmation of Youth Volunteer Status and Information Update	Volunteer screening is valid for 3 years; cleared volunteers will complete form on years 2 and 3	

**Name of Chapter Member Completing the Review:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPENDIX A2

### YOUTH INITIATIVE VOLUNTEER APPLICATION

PLEASE RESPOND TO THE QUESTIONS BELOW BY PLACING AN "X" IN THE YES/NO COLUMN

	VOLUNTEER CANDIDATE INTERVIEW QUESTIONS	YES	NO
1	Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you willing to attend a training course about Delta's policies and procedures governing its youth initiatives and to keep current on updated policies?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you agree to complete the background screening procedure, which includes a face-to-face interview, reference checks, and a criminal background check?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you ever been charged with, or convicted of any crime, including any misdemeanor or felony? If so, check "Yes" and provide details in section below. For each instance, provide the following information: (a) the relevant charges; (b) relevant dates; (c) identify the court(s) in which any proceedings were held; (d) supply the disposition related to all charges (e.g., acquittal; conviction; no contest; charges currently pending, etc.); (e) list the punishment that was issued related to any convictions	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you ever been investigated by state or federal authorities for child abuse or neglect? If so, provide details in section below, including: (a) reason for investigation; (b) relevant dates; (c) relationship to child/children involved; (d) the agency or agencies that conducted the investigation; (e) the court(s) in which any proceedings were held; (f) results of investigation; (g) any punishment or other requirements imposed by the relevant authorities	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you ever been treated (outpatient or inpatient treatment) for any mental illness, psychiatric condition, or drug or alcohol addiction? If so, explain in section below, and provide applicable dates of treatment or hospitalization.	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you ever been terminated from a paid or volunteer position? If so, explain in section below.	<input type="checkbox"/>	<input type="checkbox"/>
8	Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, or care of young people? If so, explain in section below.	<input type="checkbox"/>	<input type="checkbox"/>

Provide explanations below (attach additional sheets as necessary and reference the applicable question number).

(Continued on next page)

**APPENDIX A2 (cont'd)**

**YOUTH INITIATIVE VOLUNTEER APPLICATION**

**I. SCREENING PROCEDURE**

It is the policy of Delta Sigma Theta Sorority, Incorporated (“Delta”) that each potential volunteer for any of its youth initiatives programs be screened by the Chapter. As part of the screening process, you are required to:

- a. Complete this written application.
- b. Consent to background screening, which includes: (1) state and/or federal criminal background checks and (2) search of state and federal sex offender registries.
- c. Provide two personal references and two professional references.
- d. Copy of driver’s license or state issued identification.
- e. Complete a personal interview.
- f. Notify the Chapter immediately if convicted of an offense at any time after submitting this application.

**II. PERSONAL INFORMATION**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Previous last names (maiden, previous married, etc.): \_\_\_\_\_

List any aliases or other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Driver’s License No. \_\_\_\_\_ State: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ Email: \_\_\_\_\_

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**APPENDIX A2 (cont'd)**

**YOUTH INITIATIVE VOLUNTEER APPLICATION**

**III. CRIMINAL BACKGROUND CHECK FEE REQUIREMENT**

In order to ensure that our youth initiative programs are conducted in a safe environment, all volunteers and parents or guardians who have direct contact with youth on multiple occasions must complete Delta's FULL volunteer screening process, including an online criminal background check. The background check must be conducted by a vendor selected by Delta and the volunteer/parent or guardian is responsible for payment of the background fee. The criminal background check fees average between \$35 - \$130 and are non-refundable. The chapter will provide the necessary information to access the online vendor selected by Delta.

**IV. INFORMATION RELEASE**

I, \_\_\_\_\_ hereby authorize the local Chapter of Delta Sigma Theta Sorority, Incorporated (the "Chapter") to conduct background screening related to my application for a volunteer position with the Chapter's youth initiative programs. The Chapter's background screening procedures include the review of local, state, and nationwide criminal background checks, the search of state and federal sex offender and child abuse registries and other databases, and communication with personal and professional references.

I authorize the Chapter to obtain information necessary to complete its background screening procedures to be obtained from any relevant source, including federal, state, and local law enforcement agencies; searchable online official registries and databases; and individuals I have identified as personal and professional references.

I also authorize the Chapter to complete background screening on me on a triennial basis (every 3 years) for as long as I remain a volunteer if I am accepted as a volunteer and serve for more than one year. I further agree to complete all requirements to facilitate the Chapter's completion of such background screening.

(Continued on next page)

**APPENDIX A2 (cont'd)**

**YOUTH INITIATIVE VOLUNTEER APPLICATION**

I also agree that once accepted as a volunteer, I must notify the Chapter immediately if I am the subject of any pending charges and/or convicted of an offense at any time after submitting this application or being cleared as a volunteer.

I also further acknowledge that a volunteer with pending charges relating to abuse, neglect, a drug related offense, any crime with the involvement of youth, termination from a paid or volunteer position related to misconduct with a youth, any crime involving violence or recent history of substance abuse, will be terminated as a volunteer.

I certify under penalty of perjury that the foregoing is true and correct.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPENDIX A2 (cont'd)**

**YOUTH INITIATIVE VOLUNTEER APPLICATION**

**V. REFERENCES**

Please list the names, addresses, and phone numbers of four people you would like to use as character references (only people you have known for at least one year). Any information Delta Sigma Theta Sorority, Incorporated gathers from these references will be treated confidentially and will not be released to you, the applicant.

**Reference 1:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_

**Reference 2:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_

(Continued on next page)

**APPENDIX A2 (cont'd)**

**YOUTH INITIATIVE VOLUNTEER APPLICATION**

**Reference 3:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_

**Reference 4:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_



**APPENDIX A3**

**VOLUNTEER CANDIDATE INTERVIEW**

**Applicant:** \_\_\_\_\_

**Interviewed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. Why do you want to become a volunteer?

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2. How do you think you can help a youth by volunteering? (if not answered in response to question #1)

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3. What do you think are your strengths?

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4. What are your weaknesses?

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5. What was your own childhood like?

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6. Have you ever abused or molested a youth?

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7. Do you have any experience working with children? If so, describe the experience and explain how it will help you in volunteering with this program.

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8. What challenges do you think young people face today that they need help with the most?

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**APPENDIX A3 (cont'd)**

**VOLUNTEER CANDIDATE INTERVIEW**

9. Mentoring a young person is a big responsibility and can change the lives of both the mentor and the mentee. What do you hope to gain from the experience and what do you hope the mentee gains from the relationship?

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10. What hobbies or interests do you have?

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*At this point, seek to clarify any questions or issues that arose from the written application.*

11. Do you have any questions that I can answer for you?

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## APPENDIX A4

### REFERENCE CHECK INTERVIEW

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone Number(s): \_\_\_\_\_

Your name has been given to us as a reference for \_\_\_\_\_, who has applied to be a volunteer in our youth initiatives program. I would like to ask you some questions about him/her. Your answers will be held in absolute confidence; they will not be shared or accessible to him/her. Would you be willing to answer several questions?

1. How long and in what capacity have you known the candidate?

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2. How does the candidate relate to people in general?

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3. How would you describe the candidate?

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4. Do you feel the candidate would be a good volunteer and role model to a child?

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5. Do you think the candidate relates well to children and young people? \_\_\_\_\_

**APPENDIX A4 (cont'd)**  
**REFERENCE CHECK INTERVIEW**

6. Does the candidate usually keep his/her commitments?

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7. Is he/she on time for appointments and events? \_\_\_\_\_

8. To your knowledge, has the candidate ever been convicted of a crime? \_\_\_\_\_

9. To your knowledge, has the candidate ever been accused of or in any way involved with or associated with: abuse of youth (any kind of abuse); substance abuse or distribution; or using or handling dangerous weapons (unless authorized to do so (e.g., military or law enforcement)?

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10. Do you know of any problems or issues that would affect the candidate's ability to work with a child?

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11. Would you feel comfortable allowing the candidate to spend time alone with your child/child relative?

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12. Do you have any additional comments about the candidate?

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## APPENDIX A4

### REFERENCE CHECK INTERVIEW

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone Number(s): \_\_\_\_\_

Your name has been given to us as a reference for \_\_\_\_\_, who has applied to be a volunteer in our youth initiatives program. I would like to ask you some questions about him/her. Your answers will be held in absolute confidence; they will not be shared or accessible to him/her. Would you be willing to answer several questions?

1. How long and in what capacity have you known the candidate?

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2. How does the candidate relate to people in general?

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3. How would you describe the candidate?

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4. Do you feel the candidate would be a good volunteer and role model to a child?

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5. Do you think the candidate relates well to children and young people? \_\_\_\_\_

**APPENDIX A4 (cont'd)**  
**REFERENCE CHECK INTERVIEW**

6. Does the candidate usually keep his/her commitments?

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7. Is he/she on time for appointments and events? \_\_\_\_\_

8. To your knowledge, has the candidate ever been convicted of a crime? \_\_\_\_\_

9. To your knowledge, has the candidate ever been accused of or in any way involved with or associated with: abuse of youth (any kind of abuse); substance abuse or distribution; or using or handling dangerous weapons (unless authorized to do so (e.g., military or law enforcement)?

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10. Do you know of any problems or issues that would affect the candidate's ability to work with a child?

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11. Would you feel comfortable allowing the candidate to spend time alone with your child/child relative?

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12. Do you have any additional comments about the candidate?

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## APPENDIX A7

### SOME SIGNS AND SYMPTOMS OF CHILD ABUSE

*(Distribute to all volunteers with the application for their reference)*

#### I. What is Child Abuse?

Although the definition of child abuse is broad, the following is offered as a guide. Child abuse consists of any act of commission or omission that endangers or impairs a child's physical or emotional health and development. Child abuse includes any damage done to a child which cannot be reasonably explained, and which is often represented by an injury or series of injuries appearing to be non-accidental in nature.

#### II. The Major Forms of Child Abuse Are:

- Physical abuse, including neglect or lack of adequate supervision
- Emotional abuse or deprivation
- Sexual abuse

#### III. Who Inflicts the Abuse?

Child abusers are found among all socio-economic, religious, and ethnic groups and are most often ordinary people who are not strangers to the child or the child's family.

A child abuser is usually a person closely related to the child such as a parent, step-parent, or other caretaker, or someone whom the child trusts, such as a family friend, a minister or religious leader, social worker, coach, or counselor.

#### IV. How Can I Identify Child Abuse?

It is important to remember that child abuse is not usually a single act, but a repeated pattern of behavior. This is true of all types of abuse, physical, emotional, and sexual. The following symptoms are offered as general guidelines to help you identify an abused child.

##### A. Physical Abuse

**Signs to watch for include:**

- Bruises or welts appearing on the body, especially those which reveal the shape of some object used to produce them, e.g., sticks, belts, buckles, electrical cords, a hairbrush, etc.
- Bruises which are unexplained or located on parts of the body which usually do not get bruised in the bumps and falls that occur in a child's everyday living. It is normal for a child to get bruises on his shins, knees, elbows, or forehead occasionally. It is suspect for a child to be bruised on the eyes, mouth, back, buttocks, genital areas, thighs, or calves

## APPENDIX A7 (cont'd)

### SOME SIGNS AND SYMPTOMS OF CHILD ABUSE

- Small circular burns appearing on face, arms, hands, buttocks, or soles of feet that may have been inflicted by a cigar or cigarette.
- Burns with a “sock” or “glove-like” appearance on hands or feet and “doughnut” shaped burns on the buttocks. These types of burns are usually caused by either dipping or forcing the child to sit in scalding liquid.
- Burns that leave a pattern outlining the object which was used to make the burn such as an iron, electric burner, heater, or fireplace tool.
- Burns caused by rope friction, usually found on legs, arms, neck or torso as the result of having been tied up.
- Unexplained fractures to nose, face, ribs, legs, or other parts of the body.
- Injuries in various stages of healing which appear in a regular pattern or are grouped together.
- Other types of abrasions or lacerations appearing on the body, which have no apparent reasonable explanation.
- Human bite marks, especially those that are adult sized.

#### B. Physical Neglect

##### Signs to watch for include:

- Child continually hungry.
- Consistent lack of cleanliness or an intense obsession with cleanliness.
- Clothing not suitable to weather conditions.
- Evidence that the child’s physical and medical needs are not being met.
- Lack of supervision especially in dangerous situations or while participating in activities which extend over long periods of times.
- Behavior that does not appear “normal,” e.g., severe anxiety around other children or adults, anti-social behavior in the form of hostile aggression, or withdrawn behavior accompanied by depression.

#### C. Emotional Abuse and Deprivation

The negative effects of emotional abuse can be just as devastating to a child’s development emotionally, intellectually, and behaviorally as are the injuries sustained by physical abuse. Most physical abuse is accompanied by emotional abuse as well. Although this type of abuse is often more difficult to recognize and identify, an adult who is observant and pays close attention to a child will soon develop the ability to recognize troubling signs.



## APPENDIX A7 (cont'd)

### SOME SIGNS AND SYMPTOMS OF CHILD ABUSE

#### Signs to watch for include:

- Behavior which indicates apathy or depression.
- Behavior which is anti-social and hostile in nature.
- Loss of appetite, refusal to eat, and/or overeating as a source of comfort or substitute for being loved.

#### D. Sexual Abuse

Sexual exploitation, molestation, and incest are additional devastating types of child abuse. The societal taboos surrounding this type of abuse make some communities reluctant to acknowledge the existence of this form of abuse, and this in turn, makes it more difficult for children to report it.

The nature of sexual abuse makes it difficult to observe and therefore often more difficult to report. The guidelines given here for the detection of sexual abuse are by no means comprehensive. Symptoms given here may exist singly or in various combinations. It is essential to remember that this form of abuse makes the child a victim. Those children who seek help are often accused of lying, as adults usually do not want to believe them. In addition, the victim of sexual abuse is most often pressured into secrecy about the sexual activity by the abuser, leaving the child feeling helpless and guilty because of her behavior with no place to turn for help and no acceptable way out.

#### Signs to watch for include:

- Child expresses or implies involvement in sexual activity with parent, another adult, or older child.
- Child's clothing appears stained, torn, or bloody.
- Child reports pain, itching, bruises, or bleeding in the genital area.
- Child has been diagnosed as having venereal disease of eyes, mouth, genitalia and/or anus.
- An unwanted pregnancy occurs, and the victim is hesitant to reveal partner.
- Child expresses the presence of severe emotional conflict at home but is fearful of intervention.
- Child demonstrates withdrawn behavior, refuses to participate or dress appropriately for physical activities, and/or appears to spend extended periods of time in a fantasy world.
- A young child demonstrates an exaggerated knowledge of or interest in adult sexual behavior evidenced by either seductive actions and conversations or shows fear of intimate contact with others.
- A child is known to be the victim of other forms of abuse by parent(s).

It is important to remember when children report information related to sexual topics or suspicious activities, they need to be believed. It may be a cry for help.

## APPENDIX A8

### DELTA YOUTH INITIATIVES CODE OF ETHICS

All members and any Delta staff working with participants in Delta's youth initiatives are expected to observe a code of ethics. This Code of Ethics embodies the affirmation of your commitment to follow tenets that are integral to Delta's youth initiatives. Please initial each statement below:

**I will treat youth with respect, care, and acceptance.** I know that all young people are valuable and capable of helping others and improving their communities. I will use a democratic approach when working with youth.

**I will honor my volunteer commitment.** I will strive to live up to my volunteer commitment by working the hours necessary to fulfill the volunteer role I have accepted.

**I will seek training for my volunteer role.** I will participate in meetings, self-study, or other training opportunities, which will help me work more effectively with youth and adults.

**I will provide a safe environment.** I will not harm youth or adults in any way, whether through sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful activities.

**I will abstain from using alcohol or any illegal substance while working with or while responsible for youth;** neither will I allow youth to use any such substance while under my supervision. For states where substances, such as marijuana, are legal, I will abstain from use while working with or while responsible for youth.

**I will obey the laws of the locality, state, and nation.**

**I will strive to be a positive role model.** By my example, I will help youth learn to respect and cooperate with others. I will teach others to compete honestly and fairly.

**I will work as a "team player" for the good of all persons.** I will work cooperatively with other adult volunteers for the good of all involved in the youth initiatives.

**I will work within the Delta Sigma Theta Sorority system.** As a volunteer, I am accountable for my actions. If my personal conduct is deemed to be in violation of any of Delta's policies, I understand I may be relieved of my volunteer role.

**I will not have unsanctioned outside contact with any youth participant;** without the expressed written permission from the parent/guardian or the parent/guardian is physically present during the outside contact.

**APPENDIX A8 (cont'd)**  
**MANDATORY REPORTING POLICY**

It is the policy of Delta Sigma Theta Sorority, Incorporated (“Delta”) that all staff, members, and any participant in the youth initiatives must immediately report any suspected child abuse and/or neglect of program participants or other incidents involving program participants. All such suspected reports must be made to appropriate state and/or local authorities, and to the Chapter President. The Chapter President shall notify the Regional Director immediately of all allegations of abuse and or neglect or other incidents involving program participants. Delta staff and all volunteers must follow their state’s mandatory reporting of child abuse and neglect procedures.

To report child abuse or neglect, contact Child Help USA at 1-800-422-4453. For the most current information on State Child Abuse And Neglect Reporting Numbers and a list of reporting agencies and phone numbers organized by state, refer to the National Organizations section of Child Welfare Information Gateway at <https://www.childwelfare.gov/organizations/>.

The Delta Program appreciates your interest in becoming a volunteer. Please initial your understanding and agreement with each of the following:

I agree to follow all Youth Initiatives Program guidelines and understand that any violation shall result in suspension and/or termination of the volunteer relationship.

I understand that the Delta Youth Initiatives Program is not obligated to provide a reason for its decision in accepting or rejecting me as a volunteer.

I understand that to be considered, I must return all the following completed items, along with this application, and that any incomplete information will result in the delay in processing of my application:

- Copy of valid driver’s license
- Signed Youth Initiative Volunteer Application, which includes an Information Release and References

**I understand that my signature below authorizes submission of the information in this application for child abuse and neglect and criminal records checks, including sexual offenses, if deemed necessary. In addition, by signing, I certify that all information provided herein is correct, and I agree with and will adhere to Delta’s *Code of Ethics* and *Mandatory Reporting Policy* as printed above.**

Please read this carefully before signing.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPENDIX A11

### ANNUAL CONFIRMATION OF YOUTH VOLUNTEER STATUS AND INFORMATION UPDATE

I understand it is the policy of Delta Sigma Theta Sorority, Inc. that volunteers in Delta's youth activities must undergo background screening every three years to remain a volunteer. In the years that a background check is not required, I understand that I must confirm that my personal information has not changed from the prior year. If any information has changed, I understand that I must provide the updated information.

I also agree that once accepted as a volunteer, I must notify the Chapter immediately if I am the subject of any pending charges and/or convicted of an offense at any time after submitting this application or being cleared as a volunteer. I also further acknowledge that a volunteer with pending charges relating to abuse, neglect, a drug related offense, any crime with the involvement of youth, termination from a paid or volunteer position related to misconduct with a youth, any crime involving violence or recent history of substance abuse, will be terminated as a volunteer.

**Updated Information: Any changes to my name, address, phone, email, driver's license, or state issued identification number is listed in the box below. I have also listed in the box below any pending charges and/or convictions of a criminal offense against me since being cleared as a volunteer.**

Please initial your confirmation of the following:

\_\_\_\_\_ I have no updated information or any pending charges and/or convictions of a criminal offense against me since being cleared as a volunteer from the prior year.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Year of Initial Volunteer Application:** \_\_\_\_\_