Illinois South Conference Adult Volunteer Disclosure Form

This form needs to be completed by all adult advisers and volunteers attending Confirmation Retreat 2017. Please return with Group Allocation/Registration form.

Name: _____

Address: _____
Street City State Zip

Phone: _____ E-Mail Address: _____

Church Name/Town: _____ Pastor's Name: _____

1. Have you ever been found guilty, or pled guilty or no contest to a criminal charge alleging actual or attempted sexual harassment, exploitation, misconduct, physical abuse, or child abuse?

   ❑ Yes ❑ No If yes, give an explanation. _____

   _____

2. Has a formal complaint been made against you in a civil, ecclesiastical, educational or employment setting alleging actual or attempted sexual discrimination, harassment, exploitation, misconduct, physical abuse, or child abuse?

   ❑ Yes ❑ No If yes, give an explanation. _____

   _____

3. Is there any fact or circumstance involving you or your background that would call into question your being entrusted with responsibilities in any children's program of the Illinois South Conference?

   ❑ Yes ❑ No If yes, give an explanation. _____

   _____

Release and Authorization

I acknowledge that the information provided in this disclosure is true and complete. I authorize the Illinois South Conference and/or its agents to investigate all statements contained in it. I also authorize all persons and entities to respond to inquiries concerning me, to supply verification of the information provided in this application and to comment regarding my background and character. I hereby release all such individuals and entities from all liability and responsibility arising from their doing so. I waive any right that I may have to inspect records, references, or information collected or acquired in connection with this application.

Signature: _____ Date: _____