



**FOR SUGAR FREE KIDS INTERNAL USE ONLY**

Center Code: 10203-2130-0501

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Requester:  
Shanika Perry (ext. 4651)

**AD1044  
AMERICAN DIABETES ASSOCIATION  
Sugar Free Kids Weekend  
Delaware  
302-656-0030**

**Billing Reference (Please Check One):**  
 New/Staff                       Return/Staff  
 New/Driver                       Return/Driver  
 New/Healthcare                       Return/Healthcare

Full Name (Last, First Middle)		Date of Birth (Verification Purposes Only)		
Other Names Known By (Maiden, Alias, Other Current or Past)		Date(s) of Name Change(s)		
Residence Address (Number & Street)		City, State		Zip Code
County	Years at Current Address		Social Security Number	
Driver's License Number	State of Issue		Position Applied For	
Professional License Type	License Number	State of Issue	Date of Issue	Date of Expiration

***If at current address less than seven years, please complete the following:***

Previous Residence (Number & Street)	City, State & Zip Code	Dates at This Address
Previous Residence (Number & Street)	City, State & Zip Code	Dates at This Address
Previous Residence (Number & Street)	City, State & Zip Code	Dates at This Address
Previous Residence (Number & Street)	City, State & Zip Code	Dates at This Address

**FOR SUGAR FREE KIDS WEEKEND INTERNAL USE ONLY**

**Acct. AD1044**

- New Staff** (County Criminal Search 7-Year Scope All Counties & Names, NCRD 7-Year Scope All Names, Social Security Number Trace, Name History & Address History)
- New Healthcare Staff** (Professional License Verification, County Criminal Search 7-Year Scope All Counties & Names, NCRD 7-Year Scope All Names, Social Security Number Trace, Name History & Address History)
- New Driver** (Motor Vehicle Record 3-Year Scope, County Criminal Search 7-Year Scope All Counties & Names, NCRD 7-Year Scope All Names, Social Security Number Trace, Name History & Address History)
- Returning Staff** (County Criminal Search 1-Year Scope All Counties & Names and NCRD 1-Year Scope All Names)
- Returning Healthcare Staff** (County Criminal Search 1-Year Scope All Counties & Names and NCRD 1-Year Scope All Names)
- Returning Driver** (Motor Vehicle Record 1-Year Scope, County Criminal Search 1-Year Scope All Counties & Names, NCRD 1-Year Scope All Names)

# Voluntary Disclosure Form (VDF)

All camp personnel must complete this form each year. For camp personnel under 18, the form must be signed by the staff member and a parent or guardian. Incomplete, unsigned or illegible forms will not be processed resulting in significant delays. Please be aware that a criminal conviction may not disqualify you for eligibility of employment. Non-disclosure of a criminal conviction in-conjunction with various state and federal laws will disqualify you for eligibility. Complete the requested information below by printing legibly in dark ink.

Have you ever been convicted of any crime of violence against minors, including but not limited to those listed below?

Indecent assault and battery on a child under the age of 14 years of age	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indecent assault and battery on a mentally retarded person	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indecent assault and battery on a person 14 years of age or older	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rape of a child under 16 years of age with force	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assault with intent to commit rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidnapping of a child under 16 years of age with intent to commit rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Distribution and trafficking of narcotics or other controlled substances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Intent to commit any of the above crimes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you answered yes to any of the above, please detail the circumstances and charges, including the date of incident, city and state/province:** (use a separate sheet of paper if necessary)

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**Have you ever been adjudicated liable for civil penalties or damages involving sexual or physical abuse of children?**  Yes  No **If yes, please detail the circumstances and charges, including the date of incident, city and state/province:** (use a separate sheet of paper if necessary)

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**Are you 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 detail the circumstances and charges, including the date of incident, city and state/province:** (use a separate sheet of paper if necessary)

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**Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?**  Yes  No **If yes, please detail the circumstances and charges, including the date of incident, city and state/province:** (use a separate sheet of paper if necessary)

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## ***I understand that:***

The camp may deny employment to any person who answers any of the questions above in the affirmative. In applying for a camp position the information that I have furnished on this form is subject to verification, which may include a criminal history check and request from any central registry of child abusers. The camp may terminate employment or voluntary service of any person:

- Found to have a history of complaints of abuse of a minor and/or
- Found to 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.

Staff Member's Signature: \_\_\_\_\_

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

Signature of Parent or Guardian for staff members under 18: \_\_\_\_\_

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

**Authorization for Release of Information and for the Procurement of a Consumer or Investigative Consumer Report**

I consent to have a background investigation made as to my driving record, professional license record and criminal record. I hereby authorize AMERICAN DIABETES ASSOCIATION to obtain a consumer report or an investigative consumer report containing the foregoing information from VolunteerCheck.com, a subsidiary of Comprehensive Information Services, Inc., P.O. Box 79007, Pittsburgh, PA 15216, its independent contractor.

I am aware that the investigative consumer report I consent to have prepared may include information obtained from interviews with those who have or may have information about me. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any investigative consumer report prepared about me if I make a written request to VolunteerCheck.com, a subsidiary of Comprehensive Information Services, Inc. within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, college, university, school district, or other education institution, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Consumer or Investigative Consumer Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify VolunteerCheck.com, a subsidiary of Comprehensive Information Services, Inc., its employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from VolunteerCheck.com, a subsidiary of Comprehensive Information Services, Inc., and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of AMERICAN DIABETES ASSOCIATION, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF MEMBER'S SIGNATURE

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

Signature of Parent or Guardian for staff members under 18: \_\_\_\_\_

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