

**2011 CAMP EAGLE HILL VOLUNTARY DISCLOSURE STATEMENT**

Name of Staff Member \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street Address City State Zip Code*

Home Phone Number ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Business Name and Address (if applicable) \_\_\_\_\_  
*Business Name Street Address City State Zip Code*

Business Phone (if applicable) ( ) \_\_\_\_\_

School or College Presently Attending/City and State (if applicable) \_\_\_\_\_  
*School or College City State*

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

**1. Previous residences(s) for last 5 years (include college and home residences) – latest residence listed first:**

City _____	State _____	Years _____
City _____	State _____	Years _____
City _____	State _____	Years _____
City _____	State _____	Years _____
City _____	State _____	Years _____

(Continue on a separate sheet if necessary)

**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

- Indecent assault and battery on a child under fourteen years of age
- Assault with intent to commit rape
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes
- Indecent exposure
- Child Pornography
- Rape

if yes, please explain: (use a separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

(OVER)

4. Have you ever been adjudged liable for civil penalties or damages involving sexual abuse of children?

\_\_\_\_\_ Yes \_\_\_\_\_ No

if yes, please explain: (use a separate sheet if necessary)

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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 of protection?

\_\_\_\_\_ Yes \_\_\_\_\_ No

if yes, please explain: (use a separate sheet if necessary)

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6. Have your parental rights ever been suspended or terminated for reasons involving sexual or physical abuse of children?

\_\_\_\_\_ Yes \_\_\_\_\_ No

if yes, please explain: (use a separate sheet if necessary)

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I understand that:

- a. This form is considered an addendum to any agreement of employment.
- b. The camp may deny employment to any person who answers “yes” to any one of questions 2-6. A signed contract of employment by the camp may be voided by the camp should a “yes” be given as a response to questions 2-6. If hired and the employer later discovers circumstances that would indicate a “yes” answer to any of the above stated questions, employment may be terminated immediately.
- 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 and/or
  - 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 of Staff Member \_\_\_\_\_

Date \_\_\_\_\_

Signature of Minor Staff Member’s Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

(if staff member is under 18 years age at start of Employment Period)