

EMPLOYEE/SUBSTITUTE/VOLUNTEER STATEMENT

Name	Employment Date
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I (check one) **DO** **DO NOT** have any criminal convictions (to include deferred judgments, even if discharged) of any law in any state.

(If “**DO**” is checked, briefly explain the circumstances.)

I (check one) **DO** **DO NOT** have any founded or confirmed reports of child or adult abuse or neglect in any state.

(If “**DO**” is checked, briefly explain the circumstances.)

I (check one) **DO** **DO NOT** have any communicable diseases or health concerns that would pose a threat to the health, safety, or well-being of the children.

(If “**DO**” is checked, briefly explain the circumstances.)

I (check one) **HAVE** **HAVE NOT** been informed of my responsibilities as a mandatory reporter of child abuse.

I (check one) **AM** **AM NOT** under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair driving ability.

Signature	Date
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