

Voluntary Disclosure Statement

All Staff and Volunteers must complete this form.

NAME	:			BIRTHDAY://							
	ADDRESS:										
OTHER	R NAMES BY WHIC	CH KNOWN (E.G. MAIDEN	I NAME):								
HOME	PHONE:	B	USINESS PHON	NE:							
CELL I	PHONE:	E	-MAIL ADDRES	SS:							
SCHOO	OL OR COLLEGE: _										
SCHOO	DL/COLLEGE ADD	RESS:									
DRIVE	R'S LICENSE #:		STATE:	EXPIRATION DATE:							
1. Previous residence(s) for the last five years, including college and home residences:											
CITY:		STATE:		YEARS:							
				YEARS:							
CITY:		STATE:		YEARS:							
CITY:		STATE:		YEARS:							
				YEARS:							
		O: If yes, please		to children and/or your conduct with							
	imilar in any mann Indecent assault an Indecent assault an Indecent assault an Rape Rape of a child und Assault with intent Kidnapping of a ch	d battery on a child under fou d battery on a mentally retard d battery on a person who has der sixteen with force	arteen led person s obtained the age								
VES.	NO:	If ves. nlease explain:									

4. Have children			e for civil penalties or da If yes, please expla		ual or phy	ysical ab	use of
	ncluding, but n		subject to any court ord domestic order or proted				
		rights ever been	n terminated for reasons please explain:	involving sexual or	physical :	abuse of	children?
	stand that:						
1.	the employer la		ent to any person who ans reumstances that would in terminated.				
2.			his form is subject to veriful ntral Registry of child about the contract of t		iclude a cr	riminal hi	story
	The camp may of when discov a. Have a due to c. Have a	terminate emplo ered, to: a history of comp esigned, been te complaint(s) of alsified or omitt	plaints of abuse of a mino erminated or been asked to sexual abuse of a minor; ted information in this dis	ce of any person if th or; o resign from a positi and/or	•		
4.	This disclosure	statement must	be updated yearly.				
SIGNA	ГURE:			D	ATE:	/	/
SIGNA	ΓURE:			D	ATE:	/	/

FOR ST. VARTAN CAMP:

Mail this form, postmarked no later than **June 1**, to:

Lerna Lacinian Attn: St. Vartan Camp 5070 Oakbrooke Drive West Bloomfield, MI 48323

FOR HYE CAMP:

Mail this form, postmarked no later than **July 15**, to:

Jennifer Morris Attn: Hye Camp 4978 Green Road West Bloomfield, MI 48323