

PROGRAM COUNSELOR'S VOLUNTARY DISCOLSURE and BACKGROUND CHECK FORM

Each Program Counselor must complete this form and submit it to the Program Director.

The information provided below will be used to screen for criminal convictions. Your employment or volunteer participation in any Citadel affiliated program is contingent upon the satisfactory completion of a background screen. Individuals who have been convicted of a sexual offense are not eligible to serve in an employment or volunteer capacity for any Citadel affiliated programs involving children.

The information on this form, together with any attachments, is the property of the program to which you are applying. The results of the background check will be shared with The Citadel, with all confidential information redacted. State law requires that you be informed of the following: (1) you are entitled to request to be informed about the collected facts about yourself by use of this form (with exceptions as provided by law); (2) you are entitled to receive and review that information; (3) you are entitled to have the information corrected at no charge to you.

DO NOT provide this completed form back to The Citadel. Provide it to your Program Director.

1. NAME: _____
Last First Middle Suffix

2. OTHER NAMES YOU HAVE USED (including maiden name):

NAME: _____
Last First Middle Dates of Use

NAME: _____
Last First Middle Dates of Use

3. DATE of BIRTH: Month _____ Day _____ Year _____

4. CURRENT ADDRESS

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

DRIVER'S LIC. #: _____ **SOCIAL SECURITY NUMBER:** _____

5. PREVIOUS ADDRESSES for LAST FIVE (5) YEARS (include college and home addresses). Use a separate sheet if necessary.

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ **DATES:** _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ **DATES:** _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ **DATES:** _____

For additional addresses, attach on a separate sheet with information above

CRIMINAL and CIVIL RECORD

6. Have you ever been convicted of a violation of any local, State, or Federal law other than minor traffic violations? (This includes a plea of guilty or no contest.) **[Check one.]** YES NO

If yes, please explain. For each conviction, include the crime for which you were convicted or plead guilty, the date of conviction, the court (including city and state), and the sentence imposed.

7. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? **[Check one.]** YES NO

If yes, please explain: (Use a separate sheet, if necessary.)

8. 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 or protection? **[Check one.]** YES NO

If yes, please explain: (Use a separate sheet, if necessary.)

9. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? **[Check one.]** YES NO

If yes, please explain: (Use a separate sheet, if necessary.)

10. ACKNOWLEDGEMENT. I understand that:

- A. The program may deny employment to any person who answers "yes" to any one of the questions above. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- B. The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
1. **I hereby authorize** the operators of the above referenced program, and/or The Citadel Human Resources office, to check my personal information against records maintained on the South Carolina Department of Public Safety Crime Records Service, the Sex Offender Database, and other similar State or Federal criminal records.
 2. **I further authorize** any law enforcement agency to furnish to The Citadel, or its agent, my criminal conviction record for a misdemeanor or felony offense.
 3. **I hereby release** all agents, servants, and employees of The Citadel, the person in charge of such law enforcement agency or department, and all members of such law enforcement agency or department from all liability resulting from the furnishing of this information to The Citadel.
- C. The program 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;
 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 _____ Date _____
(MM/DD/YYYY)

Signature of Minor's Parent/Guardian _____ Date _____
(MM/DD/YYYY)