

Clemson University Disclosure Statement

This form should be completed by all current paid and volunteer staff with independent, unsupervised access to children in a CU youth program and all returning volunteers from a break in volunteer time of 90 days or less. A background check should be completed on individuals with any break in employment or a break in volunteer time greater than 90 days (as well as all new employees/volunteers).

Name: _____

I am a: volunteer employee in: _____
Department Name/CU Youth Program Name

Last date volunteered (if break in volunteer time was 90 days or less): _____

1. Since I began working or volunteering for Clemson University, I have been charged with committing the following crimes (include all misdemeanor and felony charges, the name and location of the entity that charged you, and the date of each charge):

2. Since I began working or volunteering for Clemson University, I have been convicted of the following crimes (include all misdemeanor and felony convictions, the name and location of the entity that convicted you, and the date of each conviction):

3. Since I began working or volunteering for Clemson University, I have had the following moving traffic violations (e.g., speeding tickets, accidents, DUI, etc.) (*Optional, unless you will be transporting children on behalf of the CU Youth Program. Please indicate "N/A" if you are not transporting, and "None" if you are but have not had any moving traffic violations since working or volunteering*):

4. If you would like to provide any explanation or further information regarding your response to items 1, 2, and 3 above, please do so below or indicate if further information is being attached:

(If you have not been charged with or convicted of any crimes since the date noted above, please indicate "none" in the appropriate blanks under questions 1 and 2 above.)

I certify that the foregoing information I have provided is true and correct. I hereby authorize Clemson University to complete a National Sex Offender Registry check on the name provided above. I understand that if information from this check is used in whole or in part in making an adverse decision, before an adverse decision is made, I will be provided a copy of the results and a description of my rights.

Signature

Date

TO BE COMPLETED BY DEPARTMENT/PROGRAM CONTACT – THIS PERSON WILL BE NOTIFIED OF RESULTS

NAME	DEPARTMENT NAME	EMAIL ADDRESS