

# CURRY COLLEGE

## SELF-DISCLOSURE FORM FOR AUTHORIZED ADULTS

As a condition of participating in programs or activities involving Minors, each person proposed to serve as an Authorized Adult must disclose any prior criminal history and agree to disclose any future arrests or convictions immediately. This form must be completed, signed, and submitted as part of the screening process.

### **I. Personal Information**

**Full Legal Name:** \_\_\_\_\_

**Other Names Used (if any):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

### **II. Criminal History Disclosure**

Please answer the following questions truthfully. For any "Yes" response, provide an explanation in Section III.

1. **Have you ever been arrested, charged with, or convicted of any criminal offense (misdemeanor or felony)?**

☐ Yes      ☐ No

2. **Have you ever been the subject of an investigation, complaint, or legal action involving alleged abuse, neglect, or misconduct involving a Minor?**

☐ Yes      ☐ No

3. **Are there any criminal charges currently pending against you?**

☐ Yes      ☐ No

4. **Have you ever been disciplined, terminated, or asked to resign from a position due to allegations of misconduct involving Minors?**

☐ Yes      ☐ No

**III. Explanation of “Yes” Responses**

*(Attach additional pages if necessary)*

**If you answered “Yes” to any question in Section II, please provide details below, including dates, nature of the offense or incident, and the outcome:**

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**IV. Ongoing Duty to Disclose**

By signing below, I understand and agree that I have a **continuing obligation** to report any future arrests, charges, or convictions to the designated official or program coordinator immediately.

**V. Certification and Authorization**

I certify that the information provided on this form is complete, true, and accurate to the best of my knowledge. I understand that providing false, misleading, or incomplete information may result in disqualification or termination from any program or activity involving Minors.

I authorize the institution or organization to verify any information provided, including conducting background checks as necessary to ensure the safety and protection of Minors.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_