



Voluntary Disclosure Statement

NEW Counselors over the age of 18



Camp SOAR and Children's Research Triangle is required to do a background check on all volunteers and staff over the age of 18. If you will be 18 or older at the start of camp, you must complete and sign this page.

First Name _____ Middle Name _____ Last Name _____ Social Security Number _____

Drivers License Number _____ State Issued _____ Expiration Date _____

Date of Birth	Place of Birth City/State	Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other Specify	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight	Hair Color	Eye Color	Race
---------------	------------------------------	--	---	--------	--------	------------	-----------	------

Current Address: _____

Street Address City State Zip

School or College: _____

Street Address City State Zip

School or College: _____

Street Address City State Zip

Permanent Address: _____

Street Address City State Zip

Previous residence(s) for last 5 years (including college and home residences):

1. _____

Street Address City State Zip Dates To/From

2. _____

Street Address City State Zip Dates To/From

3. _____

Street Address City State Zip Dates To/From

(Continue on a separate sheet if necessary)

Have you ever been convicted of any crime, other than a minor traffic violation, in the last seven years? No Yes

If yes, please use a separate sheet to describe the circumstances.

I affirm that the answers to all the above statements are true, complete and correct. I understand a criminal background check will be performed prior to my be accepted as the volunteer Camp SOAR counselor.

Print name: _____

Signature: _____ Date: _____

This form may be sent one of the following ways:

Email: srieger@cr-triangle.org

Fax: 312-726-4021

Mail: 70 E Lake Street, Suite 1300, Chicago, IL 60601

This form must be received in order to attend Camp SOAR