

Self Disclosure of Criminal Background 自我披露的犯罪背景

Please check the appropriate boxes and sign below:

Have you been convicted of a crime, which includes felony, gross misdemeanor or misdemeanor, with the sole exceptions of speeding and parking violations? All alcohol- and/or drug-related violations must be reported. "Conviction," as used in this provision, includes a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered, or a criminal proceeding where the individual enters a plea of guilty

Yes No

Have you ever been investigated for child or dependent abuse or neglect?

Yes No

Required Additional Information: If your answer is **YES** to either or both items 1 and 2, you are required to fully explain the situation (include date of incident(s), nature of crime, city and state of occurrence, and sentence or rehabilitation requirement) on a separate sheet of paper and attach it to this form. Your admission will not be considered if you do not provide the additional sheet containing an explanation.

Photo Waiver and Liability Consent

I understand and acknowledge that each participant must assume the risk and any related financial responsibility that could result from participation in any of the activities provided by the **Connections Community Services (CCS)**. I agree to assume such risks and responsibilities.

I understand that CCS is not responsible for providing or administering medication to any participants. I agree to make arrangements for my child or myself to have all necessary medications that they need and the means to take them when required.

In case of sickness or accident, CCS has my approval to secure such medical attention as deemed necessary, if I am unable to be contacted. I further understand that neither CCS nor any of its paid or volunteer workers can be held responsible in the event of accident or accidental death.

For the purposes of developing promotional materials, website images or reports to funder, Connections Community Services may take pictures of volunteers and program participants. Connections Community Services respects the rights and privacy of volunteers and participants and will delete any photos of the volunteer or participant upon request. By signing this section, I give the permission for Connections Community Services to take pictures of myself for promotional materials, website images, or reports developed by the agency.

Signature OR Parent/Guardian Signature

Date