



VOLUNTEER APPLICANT DISCLOSURE AFFIDAVIT

The City of Centennial screens prospective volunteers to evaluate whether an applicant poses a risk of harm to children, youth, the elderly, and other vulnerable groups served by the City. Information obtained is not an automatic bar to volunteer work, but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for position in order to be considered. Any falsification, misrepresentation or incompleteness in this disclosure alone is grounds for disqualification or termination.

APPLICANT: _____
Please print complete name.

Please print complete social security number.

The undersigned applicant affirms that I HAVE/HAVE NOT at ANY TIME (whether as an adult or juvenile):

Yes No Check whether the answer is yes or no in the applicable space, and provide brief explanation of a “yes” answer below.

- | | | |
|-------|-------|---|
| _____ | _____ | Been convicted of; |
| _____ | _____ | Pleaded guilty to (whether or not resulting in a conviction); Pleaded nolo contendere or no contest to; |
| _____ | _____ | Admitted; |
| _____ | _____ | Have had any judgment or order rendered against me (whether by default or otherwise); |
| _____ | _____ | Entered into any settlement of action or claim of; |
| _____ | _____ | Had any license, certificate or employment suspended, revoked, terminated or adversely affected because of; |
| _____ | _____ | Been diagnosed as having or treated for any mental or emotional condition arising from; or, |
| _____ | _____ | Resigned under threat of termination of employment or volunteer work for; |

Any allegation, any conduct, matter or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

Yes	No	Check whether answer is yes or no in the applicable space, and provide brief explanation of a "yes" answer below.
_____	_____	Any felony;
_____	_____	Rape or other sexual assault;
_____	_____	Drug/alcohol-related offenses;
_____	_____	Abuse of a minor or child, whether physical or sexual; Incest;
_____	_____	Kidnapping, false imprisonment or abduction;
_____	_____	Sexual harassment;
_____	_____	Sexual exploitation of a minor;
_____	_____	Sexual conduct with a minor;
_____	_____	Annoying/molesting a child;
_____	_____	Lewdness and/or indecent exposure;
_____	_____	Lewd and lascivious behavior;
_____	_____	Obscene literature;
_____	_____	Assault, battery or other offense involving a minor;
_____	_____	Endangerment of a child;
_____	_____	Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
_____	_____	Unfitness as a parent or custodian;
_____	_____	Removing children from a state or concealing children in violation of a law or court order;
_____	_____	Restrictions or limitations on contact or visitation with children or minors;
_____	_____	Similar or related conduct, matters or things; or
_____	_____	Been accused of any of the above.

EXCEPT THE FOLLOWING:

(If you answered "yes" to any of the above please explain, if none, write "none".)

Description	Date
_____	_____
_____	_____

The above statements are true and complete to the best of my knowledge.

Date: _____ Applicant signature: _____

Return signed form to:

City of Centennial
 Attn: Volunteer Coordinator
 13133 E. Arapahoe Road
 Centennial, CO 80112