

Volunteer/Substitute Statements

Treatment Status:

I, _____ state that:

_____ I am not currently receiving treatment for alcoholism, drug abuse, or child abuse problems.

_____ I am currently receiving treatment for:
(Check applicable service)

- _____ Alcoholism
- _____ Drug Abuse
- _____ Child Abuse

If receiving treatment, please explain:

Non-conviction Statement:

I, _____ state that I have never been convicted by any law of any state for lascivious acts with a child, child neglect, or child abuse.

Signature: _____ Date: _____

Communicable Disease Statement:

I, _____ state that to the best of my knowledge, am free of any illness detrimental to children. To the best of my knowledge, I am physically and mentally able to work with young children.

Signature: _____ Date: _____