CONFIDENTIAL DOCUMENT

Please forward forms:
Literacy Council of SWLA, Inc.
809 Kirby St., Ste. 126
Lake Charles, LA 70601
Fax: 337-494-7915

Volunteer Disclosure Form

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ E-mail_____

Cellular Phone: _____

Driver's License / State ID Number: _____

Social Security Number: _____

Date of Birth: _____

Race / Ethnicity: _____

Education / Highest Level Completed: _____ High School Diploma / GED ____ Associates
_____ Bachelors _____Masters _____ Ph.D / Ed.D _____Other: _____

Employment Status: _____ Full-time _____Part-time _____ Student

Place of Employment: _____ Occupation: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

Emergency Contact: _____ Relationship: _____ Phone: _____

BACKGROUND VERIFICATION

1. Have you ever been convicted of a criminal offense? _____ Yes _____ No
2. Have you ever been charged with neglect, abuse, or assault? _____ Yes _____ No
3. Do you use illegal drugs? _____ Yes _____ No
4. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? _____ Yes _____ No
   If yes, please explain limitations: _____
   _____
   _____

Background Verification—Please provide explanations for "yes" responses to questions 1, 2, or 3.
(Use additional paper if necessary.)

1. _____
   _____
2. _____
   _____
3. _____
   _____

I understand that the information I am providing to the Calcasieu After-school Partnership will remain confidential. However, the information may be used in case of emergency and to ensure the safety of students, staff, and volunteers participating in the program.

Signature: _____ Date: _____