



# Voluntary Disclosure Statement

This form should be returned to and kept by the \_\_\_\_\_ Chapter or District Secretary.

*This form is not a suitable replacement of a background check, but may be utilized. This also may be used for those who are not citizens of the United States. For further questions or concerns, you can reach out to [chapters@barbershop.org](mailto:chapters@barbershop.org), [districts@barbershop.org](mailto:districts@barbershop.org) or call 1-800-876-SING*

## Individual Information:

Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Other names by which known (e.g., maiden name): \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Identification #: \_\_\_\_\_ (e.g., License #, Passport #, etc.)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Home

(\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell

Role: \_\_\_\_\_

## History:

### 1) Previous residence(s) for last five years (including college and home residences)

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Years: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Years: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Years: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Years: \_\_\_\_\_

### 2) Have you ever been convicted of any crime including, but not limited to those listed below and/or any crime similar in any manner to those listed below? Yes No

- Indecent assault and battery on a child
- Indecent assault and battery on a person with an intellectual disability
- Indecent assault and battery on a person
- Rape
- Assault with intent to commit rape
- Kidnapping with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above or similar crime

**If yes, please explain (use a separate sheet, if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Have you ever been adjudged for civil penalties or damages involving sexual or physical abuse of children?  Yes  No

If yes, please explain (use a separate sheet, if necessary):

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4) Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?  Yes  No

If yes, please explain (use a separate sheet, if necessary):

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5) Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?  Yes  No

If yes, please explain (use a separate sheet, if necessary):

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**Agreement:**

I, \_\_\_\_\_, (printed name) understand that:

- The organization may deny employment or volunteer service to any person who answers “yes” to any one of questions 2-5. If accepted as an employee or volunteer, and the organization later discovers circumstances that would indicate a “yes” answer to any of the above questions, the individual will be asked to vacate the position immediately and liability shall not fall on the organization.
- The information provided on this form is subject to verification, which may include request of a criminal history check and request from any Central Registry of child abusers.
- The organization may terminate employment or volunteer service of any person that is found, regardless of when discovered to:
  - Have a history of complaints of abuse of a minor
  - Have resigned, been terminated or been asked to resign from a position (whether paid or unpaid) due to complaint(s) of sexual abuse and/or
  - Have falsified or omitted information on this statement
- This disclosure must be updated at least every three years.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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