



Volunteer Background Information

Please complete and bring to the interview.

Name _____

Are you WAITING TRIAL on, or have you ever been CONVICTED of any of the following criminal offenses in this state or jurisdiction? Answer YES or NO to each listed offense.

YES NO

- | | | | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Sexual abuse of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Incest |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | First or second degree murder |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Kidnapping |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Arson |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Sexual Assault |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Sexual exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Contributing to the delinquency of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Commercial sexual exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Felony offenses involving distribution of marijuana, dangerous or narcotic drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Burglary |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Robbery |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | A dangerous crime against children including but not limited to numbers 1,3,6,7,9,14, 15, 16, or 18 or taking a child for the purpose of prostitution, child prostitution, or involving or using minors in drug offenses. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Child abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. | Sexual misconduct with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. | Molestation of a child |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. | Manslaughter |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. | Aggravated assault |

Have you ever COMMITTED any act of

- | | | | |
|--------------------------|--------------------------|----|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Sexual abuse of a child |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Sexual exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Commercial exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Child abuse |

I hereby certify under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____