

## Self-Disclosure Form for Programs Involving Minors

Program Name:	
Program Date:	
First Name:	
Middle Name:	
Last Name:	
Do you have any other name you have formerly been known by? No 🔲 Yes 📗	
If so, what was it?	
Current Address:	
Address Line 2:	
City, State and Zip	
Previous Address:	
Address Line 2:	
City, State and Zip:	
Email Address:	
Phone:	
Current Employer:	
Position:	
Have you ever been convicted of, or pled guilty or no contest to a (i) felony, or (ii) a misdemeanor involves possession of illegal drugs, assault, battery, abuse or sex-related offenses? Please note that a criminal record search and sex offender record inquiry will be conducted. Although a conviction or arrest is not necessarily a bar to your service, withdrawal of any offer to participate in a program involving minors.	1
No Yes	

If yes, please explain, including the nature of the offense, date, court location, and all other that would be helpful to us in considering your application. Please limit your response to 2	
Has a verdict or judgment ever been rendered against you in any civil action arising out of or conduct related to abuse or sexual abuse of a child or an adult with special needs?  No Yes	any personal act
If yes, please explain, including the nature of the conduct that formed the basis of the suit location, and all other information that would be helpful to us in considering your applicat your response to 2000 characters.	
Has any restraining order, stay-away order or other such order been issued against you by or university disciplinary officer, or other authority in connection with any allegation of ve abuse, or threat of abuse or other violence?  No Yes	•
If yes, please explain, including the nature of the conduct that formed the basis of the und the date, court location (if applicable), and all other information that would be helpful to your application. Please limit your response to 2000 characters.	
By entering my name in the space provided below I certify that the information provided a supporting information is true and accurate and that any supporting documentation provice copies of my photo identification) are true and complete copies of the original documents to immediately disclose any arrest or conviction occurring while I am serving as an employ any Northeastern University program involving minors.	ded (including . I further agree
Signature: Date:	