



Creating programs and partnering with other organizations to address the spiritual, emotional, intellectual, social, as well as leadership development of Catholic youth.

STATEMENT OF EXEMPTION FROM BACKGROUND CHECK

I, _____, hereby testify that due to the circumstances listed below, I am exempt from having Partnership for Youth conduct a criminal background check on me. I further testify that there are no criminal charges, sexual or otherwise. I have never been accused of sexual misconduct, sexual harassment or sexual exploitation; nor been accused of physical or sexual abuse, and that I am fit to serve with youth and young people. I agree that failure to reveal any requested information, or the giving of any false or misleading information on this form or any application form, will be grounds for refusal to allow me full participation in the training/volunteer program that I am interested in.

My circumstances*:

- I am a licensed/certified health care professional currently employed and working at (include your medical title and license/certificate number):

- I am a licensed peace officer currently working for (include your current assignment/title and P.O.S.T. board number):

- Other (please explain in detail):

I have read and agree with the above statement regarding my fitness to serve with youth and young people. A photocopy or fax of this authorization will be treated the same as an original.

1. Print Full Legal Name: _____

2. Social Security Number: _____ - _____ - _____

3. Date of Birth _____ / _____ / _____

Signed: _____

Date: _____ / _____ / _____

*Please note, circumstances listed may or may not qualify me for exemption from having a background check and /or reference check conducted on me. This determination will be made by the staff of Partnership for Youth.