Delta Sigma Theta Sorority, Incorporated Risk Management Manual Forms

APPENDIX A11

Delta Sigma Theta Sorority, Incorporated Annual Confirmation of Youth Volunteer Status and Information Update

I understand it is the policy of Delta Sigma Theta Sorority, Inc. that volunteers in Delta's youth activities must undergo background screening every three years to remain a volunteer. In the years that a background check is not required, I understand that I must confirm that my personal information has not changed from the prior year. If any information has changed, I understand that I must provide the updated information.

I also agree that once accepted as a volunteer, I must notify the Chapter immediately if I am the subject of any pending charges and/or convicted of an offense at any time after submitting this application or being cleared as a volunteer. I also further acknowledge that a volunteer with pending charges relating to abuse, neglect, a drug related offense, any crime with the involvement of youth, termination from a paid or volunteer position related to misconduct with a youth, any crime involving violence or recent history of substance abuse, will be terminated as a volunteer.

Updated Information: Any changes to my name, address, phone, email, driver's license, or state issued

identification number is listed in the box below. I have also listed in the box below and/or convictions of a criminal offense against me since being cleared as a volunte	• • •
I have no updated information or any pending charges and/or convicti offense against me since being cleared as a volunteer from the prior year.	ons of a criminal
Printed Name:	<u> </u>
Signature:	<u></u>
Date:	_
Chapter:	
Vear of Initial Volunteer Application:	\

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