

Volunteer Name _____ Contact Phone _____

Email Address _____ Date of Birth _____

The following information is requested as one of the University of California's many efforts to provide a safe environment for the entire campus community. **Completion of this form in its entirety is mandatory. Failure to complete this form in full will delay or prevent your appointment as a UC ANR volunteer.** After completing this form, sign and place it in an envelope marked "confidential", sign the envelope along the seal and forward it to your ANR Program Coordinator.

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| 1. Have you been convicted of a felony offense at any time in the last ten (10) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. In the course and scope of your UC volunteer duties, will you host meetings or other activities at your personal residence? If you answered "Yes" to question #2., then 2.a and 2.b must be answered below. If you answered "No" to question #2., proceed to question 3. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.a Has any member of your household (e.g., someone who lives with you) been convicted of a felony offense in the last ten (10) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.b Has any member of your household (e.g., someone who lives with you) ever been convicted of child abuse, child neglect, or any sex offense? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been convicted of child abuse, child neglect, or of any sex offense? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are there any other facts or circumstances in your background or the background of others in your household that would call into question your being entrusted with the supervision, guidance, and care of young people? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Would your volunteer duties ever require you to drive on behalf of the University of California? If yes, then answer 5.a-d, if no, proceed to signature line. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.a Has your driver's license been suspended or revoked in the last ten (10) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.b Do you have a valid driver's license? If yes, which state: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.c The University of California requires that volunteers who drive their personal vehicles in the scope of their volunteer activities maintain minimum automobile liability coverage of \$50,000 per accident claim; \$100,000 in aggregate; and \$50,000 for property damage. Do you have this level of coverage? If no, what is your level of automobile liability coverage? \$ _____ per accident; \$ _____ in aggregate; \$ _____ property damage | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.d I understand that UC may provide secondary liability coverage should an auto accident occur in the course and scope of my UC volunteer duties. I further understand that if my automobile liability coverage is below UC's minimum requirements, I am liable for the difference between my policy limits and UC's secondary coverage. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered 'Yes' to any of questions 1 through 5a, or 'No' to any of questions 5.b, c, or d, attach additional information explaining.

By signing below, I certify that I have read and understood the above questions, and that my responses to them are true and correct. I understand that this form must be reviewed and my fingerprints cleared (if required as indicated on the ANR Volunteer Information Form) through the California Department of Justice before my service as a volunteer may begin.

Signature _____
Anr Volunteer Self Disclosure Form (May2016)

Date _____