

Self-Declaration Form for Adult Participants & Staff Attending RSCM-America Courses/Events for Young People under 18

1. Title & Full Name:	
2. Address:	
	Zip Code:
Tel. No. (Home):	_(Cell):
3. Date of birth: / /	
4. How long have you lived at the above address?	
If less than 12 months, please give the following information	ation:
Previous address:	
How long there:	
5. Where are you currently employed?	
How long:	
and who will provide a personal reference. (Do not use t	one clergy and one lay, who have known you for at least two years the Course Manager or a family member). Included are two ope addressed to the Course Registrar. Please give those to your istrar.
A	B

Zip Code \_\_\_\_\_

Zip Code	
· ·	

Tel #\_\_\_\_\_

Tel #\_\_\_\_\_

7. RSCM EVENTS/ACTIVITIES

Please list your prior RSCM course experience

- 1) Dates:
- 2) Dates:
- 3) Dates:

8. Have you taken the Safe Church/Sexual Ethics Training provided by your diocese or denomination?

Yes <u>No</u> Where

9. Have you ever had a background check? (age 18 years and older)

If so, when and where \_\_\_\_\_

10. Do we have your permission to run a background check? Yes\_\_\_\_\_ No\_\_\_\_\_

## CONFIDENTIAL

11. DECLARATION

We, who administer courses in the training of youth and adults through the Royal School of Church Music in America, are committed to the safety of all involved. In addition to providing musical and spiritual instruction of the highest available caliber, we intend to safeguard the physical, mental, spiritual, and emotional stability of participants and staff while under our supervision. You are therefore requested to provide the following information.

Have you ever been convicted of a criminal offense? Yes\_\_\_\_\_No\_\_\_\_\_

Have you ever been found by a civil court to have caused significant harm to a child or young person under the age of 18, or has any civil court made any finding against you that any child or young person under the age of 18 was at risk of significant harm?

Yes \_\_\_\_\_ No \_\_\_\_\_

## **Declaration Statement:**

## I declare that all the information I have provided is true and complete to the best of my knowledge.

Signed:\_\_\_\_\_\_
Name (please print):\_\_\_\_\_\_

Date:

Please return this form to the Course Registrar.

Amended and Adopted 10.14.06