



Voluntary Disclosure Form Waiver
(Proof of Background Check)

Name of Organization: _____

Retreat Dates: _____

This organization certifies that all employees are required to be screened by a background check before they are granted employment.

This organization certifies that all background checks are conducted through the Arizona Department of Public Safety Criminal History Records Section or US Department of Justice National Sex Offender Public Registry (Arizona Revised Statute 41-1750).

This organization certifies that every counselor/leader attending this conference at Forest Home is employed by this organization and has been screened by the above detailed background check process.

Authorized Representative Name _____

Signature _____

Title _____

Contact Number _____

Date _____