CENTRAL CONGREGATIONAL CHURCH, UCC

One Worthen Street P.O. Box 339 Chelmsford, MA 01824 Phone 978-256-5931 Fax 978-250-3565 office.admin@cccchelmsford.org

This form for:

Sunday School teachers Nursery workers Chaperones

Youth workers not requiring primary disclosure form (see Policies & Procedures, Sec. C3)

SECONDARY DISCLOSURE FORM

Name					
	Last	Firs	st	Middle	
Address _	Street Address				
-	City		State	Zip Code	
Home Phone		Work Phone		Cell	
	am seeking to fill: nday School Teacher	Nursery Supervisor	Chaperor	ne Other	
I have bee	en a member/friend (cir	rcle one) of Central Congreg	ational Church	since	
	s a chance that you may	ay choose to drive for a fiel	d trip or other	youth event, please provide	
		lrivers for youth events at Co I am 22 years or older.		tional Church in Chelmsford eNot True	
I have a valid driver's license.			Tru	TrueNot True	
State in w	hich driver's license is	issued Driver's lice	nse number		
I have aut	o insuranceTru	ieNot True Auto ii	nsurance compa	ny	
-	• •	•	der the influence	evoked within the last five years ce of a controlled substance. Not True	
		involving you or your backs of the position for which y			
If yes, ple	ase explain:		1 es	INO	
Signature	<u> </u>			Date	