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

SECONDARY DISCLOSURE FORM

This form for:

Sunday School teachers Nursery workers Chaperones

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

Name				
Addrace	Last		First	Middle
Address _	Street Address			
_	City		State	Zip Code
Home Pho	one	Work Phone	Cell	
Position I	am seeking to fill: nday School Teache	r Nursery Supervis	sor Chaperone	e Other
I have bee	en a member/friend	(circle one) of Central Con	gregational Church s	ince
	s a chance that you ving information:	may choose to drive for a	a field trip or other	youth event, please provide
		d drivers for youth events ge. I am 22 years or older.	at Central Congregati	ional Church in ChelmsfordTrueNot True
I have a v	alid driver's license.			TrueNot True
State in w	hich driver's license	is issued Driver's li	icense number	
I have aut	o insuranceTı	ueNot True Auto ins	surance company	
	to reckless driving of	cord, I have not had my lic or driving while intoxicated		
		nce involving you or your bonsibilities of the position f		d call into question you lying?YesNo
If yes, ple	ase explain:			
I agree to occupants	•	lations including speed lim	nits and appropriate so	eat restraints for all vehicleYesN
Signature				Date