

HOOSIER CRESCENT FOUNDATION CORPORATION

(A Not-for-Profit Organization)

Mission: to provide health services to the underserved and uninsured community of Indianapolis, Indiana

Safe Conduct Certification and Authorization

To demonstrate the pro-active concern of the HCF for the safety of children entrusted to its' care at HCF facilities/clinics, the Board of Directors of HCF require that: board members, paid staff, and volunteers certify that they are free of suspicions of child abuse. The HCF and its advisors seek the following information for internal use.

1. Has any criminal charge, alleging sexual or other forms of child abuse, ever been filed against you by any child protective agency, prosecutor, or other public authorities in Indiana or elsewhere?
YES _____ NO _____
2. Has any demand for payment of damages ever been made against you, or has any civil lawsuit ever been filed against you in Indiana or elsewhere seeking damages for alleged sexual or other forms of child abuse?
YES _____ NO _____
3. Have you ever left or been removed from employment or from a volunteer position or been disciplined by any employer or organization because of charges of sexual or other forms of child abuse?
YES _____ NO _____

NOTE: If you answered "YES" to any of the above questions you will be contacted by a HCF representative.

I certify that my answers to the above questions and any statements of explanation made by me on the form or any attached pages are true and accurate. I hereby recognize my duty and agree to make amendments to my answers above if there is a change of circumstance that renders my answers above untrue or incorrect. I hereby consent and grant permission to HCF authorities to obtain, for internal use only, any additional information relating to the information sought in this Consent form all pertinent organizations and individuals. I waive and release any and all claims I might have against any parties making such disclosures. I also waive and release any and all claims I might have against the HCF and its representatives relating to any such disclosures from third parties.

PRINTED NAME: _____

SIGNATURE & DATE: _____