

Sexual Abuse Prevention Policy Acknowledgement

Signature Printed Name		Date	Date		
	CISV USA Background Questionnaire				
=	nnaire must be completed by all adults (18 and olde V USA programs and by youth who serve in leader		-		
			YES	NO	
 Have you ever be child? 	een convicted of an offense involving physical or se	exual abuse of a			
·	g civil or criminal case or investigation against you sical or sexual abuse of a child?	involving an			
•	een terminated from a job or a volunteer position a physically or sexually abused a child?	as a result of an			
	r information about your prior history that would lith youth in CISV USA?	be relevant to your			
f you answered "Yes" to a	any of the questions above, please provide addition	nal information below	' .		
sign name]		 [date]		