



# Minor (Age 14-17) Conduct Form

## only for Minor Students Receiving Payment for Working with Children

~ to be signed by parent/guardian ~

I testify that (name of minor) has never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor. No formal or informal unresolved charge, claim or complaint has ever been made against the aforementioned minor that would call into question the advisability of entrusting him/her with the supervision, guidance and care of children and youth. I affirm that he/she is not disqualified from service based upon a conviction under any federal, state, or foreign law that prohibits or relates to:

- |  |  |
|--|--|
| Criminal homicide                                | Incest   |
| Aggravated assault                               | Concealing death of child                      |
| Stalking   | Endangering welfare of children                |
| Kidnapping                                       | Dealing in infant children                     |
| Unlawful restraint                               | Felony prostitution                            |
| Luring a child into a motor vehicle or structure | Obscene sexual materials and performances      |
| Rape   | Corruption of minors                           |
| Statutory sexual assault                         | Sexual abuse of children                       |
| Involuntary deviate sexual intercourse           | Unlawful contact with minor                    |
| Sexual assault                                   | Solicitation of minors to traffic drugs        |
| Institutional sexual assault                     | Sexual exploitation of children                |
| Aggravated indecent assault                      | Felony drug possession/distribution            |
| Indecent assault                                 | Any felony sentence less than 10 years ago     |
| Indecent exposure                                | Any misdemeanor sentence less than 5 years ago |
| Sexual intercourse with animal                   | Any second-time/repeat DUI                     |

As testimony of the statements above, I affix my signature below.

Name of Minor (PRINT) \_\_\_\_\_

Name of Parent/Guardian (PRINT) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

*This record is to be kept on file in the diocesan office, school, agency or institution where the individual ministers.*