

SCOTTSDALE UNIFIED SCHOOL DISTRICT
CRIMINAL OFFENSE AFFIDAVIT CERTIFICATION
NON-CERTIFICATED / CHAPERONE VOLUNTEERS IN ACCORDANCE WITH A.R.S. 15-512.D

UPLOAD TO ONLINE
APPLICATION

NAME: _____ S.S. #: _____
PHONE: _____ CELL PHONE: _____ DATE OF BIRTH: _____
ADDRESS _____ CITY _____ ZIP CODE _____

_____ **Check here if this statement is true: I am not awaiting trial on, have never been convicted of, or admitted committing any of the criminal offenses listed below:**

_____ **Check here if this statement is true: I am awaiting trial on or I have been convicted of or admitted committing the criminal offenses in this state or similar offenses in another jurisdiction, which are checked below:**

1. _____ Sexual abuse of a minor
2. _____ Incest
3. _____ First or second degree murder
4. _____ Kidnapping
5. _____ Arson
6. _____ Sexual assault
7. _____ Sexual exploitation of a minor
8. _____ Felony offenses involving contributing to the delinquency of a minor
9. _____ Commercial sexual exploitation of a minor
10. _____ Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs
11. _____ Felony offenses involving the possession or use of marijuana, dangerous drugs, or narcotic drugs
12. _____ Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
13. _____ Burglary in the first degree
14. _____ Burglary in the second or third degree
15. _____ Aggravated or armed robbery
16. _____ Robbery
17. _____ A dangerous crime against children as defined in A.R.S. 13-705
18. _____ Child Abuse
19. _____ Sexual conduct with a minor
20. _____ Molestation of a child
21. _____ Manslaughter
22. _____ Aggravated assault
23. _____ Assault
24. _____ Exploitation of minors involving drug offenses.

CHECK ONE: _____ I agree to be fingerprinted by Scottsdale Unified School District.
_____ My fingerprints have already been taken by the Scottsdale Unified School District No. 48 OR I have a current fingerprint clearance card.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I UNDERSTAND THAT SUBMITTING INFORMATION INCONSISTENT WITH THAT RECEIVED FROM THE FINGERPRINT CHECK MAY RESULT IN MY TERMINATION.

SIGNATURE _____ DATE _____

State of Arizona
County of Maricopa

On this _____ day of _____, 20____, before me personally appeared _____ whose identity was proven to me on the basis of satisfactory evidence to be the person who he/she claims to be and acknowledged that he/she signed the above document.

Notary Public