



## ANNUAL CONFIRMATION – Returning Staff Member

I, \_\_\_\_\_, the undersigned Zebra Crossings staff member, do hereby confirm that I have not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation or pose a threat to the health, safety or wellbeing of a participant; and have not had any finding by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation of any person within the twelve months subsequent to my initial appointment.

Printed Name: \_\_\_\_\_

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

## MEDIA RELEASE

Please note: if unchecked, we will assume permission has been granted.

**I give** /  **I do not give (check one)** to Zebra Crossings to use photographs, videotapes, or reproductions of me as a volunteer or staff member in Zebra Crossings' programs. I understand that my likeness or voice may be used for education and promotional purposes of Zebra Crossings programs. I waive the right for any future claims, including compensation for the use of these media.

Printed Name: \_\_\_\_\_

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