



## Statement of Nonconviction for Staff Members and Volunteers

This statement must be signed upon starting date and annually thereafter by every: employee and volunteer.

Name: (please type or print)			
<input type="checkbox"/> I hereby attest that I have <b>NEVER BEEN</b> convicted of or pleaded guilty to crimes set forth by the State of Ohio under the revised codes of Homicide, Assault, Menacing, Patient Abuse and Neglect, Kidnapping and Related Issues, Sex Offenses, Arson, Robbery and Burglary, Theft and Fraud, Weapons Control, Drug Offenses, Offenses Against Justice and Public Administration, and Offenses Against the Family, or any other offense that The Shane Center for Therapeutic Horsemanship, Inc. has deemed prohibited to be employed or involved with The Shane Center for Therapeutic Horsemanship, Inc.			
<input type="checkbox"/> I <b>HAVE BEEN</b> convicted of a crime that includes one of the following listed above or that has been deemed an offenses by The Shane Center for Therapeutic Horsemanship, Inc.			
Signature of the Person Completing Form:			Date:
Street Address:			
City:	State:	Zip Code:	Telephone Number: