



## **TEAMS PROGRAM CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, give permission to use my:  
Print Name

### **Name, Photograph(s) and/or quotes**

for publicity, promotional or other purposes relating to the TEAMS Teacher Fellowship Program (*Please cross out any information that you DO NOT want shared*).

*The TEAMS Program will not disclose your personal information to anyone not affiliated with TEAMS/AmeriCorps without your written consent.*

## **GRIEVANCE PROCEDURE ACKNOWLEDGMENT FORM**

I have read and understand the grievance procedures for the TEAMS/AmeriCorps Program.

### **CRIMINAL BACKGROUND CHECK**

I understand that as a TEAMS Member working with youth (minors under the age of 18), I must submit to a criminal background check or show proof that I have undergone such a process already through my school district/host site before I can be enrolled in the program.

*Please check the appropriate response:*

- I have undergone such a process already through my school district/host site. Attached is proof that I have completed this process.
- I have not undergone a criminal background check for my current placement.

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Signature

Print Name

Date