

**Medical Care Volunteer Program Questionnaire (for CRB Equivalent)**

**Volunteer Eligibility and Background Check Questionnaire**

**1. Have you ever been convicted of any criminal offense or involved in any criminal proceedings?**

* Yes / No   
  If yes, please provide details:

**2. Do you have any history of substance abuse or addiction?**

* Yes / No   
  If yes, please provide details:

**3. Have you ever been involved in any form of child abuse or neglect?**

* Yes / No   
  If yes, please provide details:

**4. Do you have any current or past medical conditions that may affect your ability to participate in this volunteer program?**

* Yes / No   
  If yes, please provide details:

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**5. Are you currently involved in any disciplinary actions, investigations, or legal proceedings related to your professional conduct?**

* Yes / No   
  If yes, please provide details:

**6. Do you have any concerns or limitations regarding clinical training or your future work in the medical field**

* Yes / No   
  If yes, please provide details:

**7. Have you ever had any issues regarding the ethical practice of your profession (e.g., violations of medical ethics, misconduct)?**

* Yes / No   
  If yes, please provide details:

**8. Are you willing to undergo a background check and further screening as required by Green Lion and Python Academics Tokyo?**

* Yes / No

**By signing this form, I affirm that the information provided is truthful and accurate to the best of my knowledge. I understand that any falsification or omission may result in disqualification from the volunteer program.**

**Signature:** 

**Date:**

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