

Phoenix Mountain DBA Explorations

Employee File Check Sheet

DATE FILLED OUT: _____

NEW HIRE EMPLOYMENT INFORMATION FORM:

Employer part Employee Part HR Part

EMPLOYMENT APPLICATION

CONFIDENTIALITY AGREEMENT

DRIVER AUTHORIZATION FORM

Employee Part Employer Part Copy of personal insurance if needed

STUDENT & CLIENT/PATIENT CONFIDENTIALITY AGREEMENT

AUTHORIZATION AND LIABILITY RELEASE

SUBSTANCE ABUSE POLICY AND DRUG TESTING PROCEDURES

POLICY PROHIBITING SEXUAL HARASSMENT

EMPLOYMENT AGREEMENT ACKNOWLEDGEMENT

ETHICAL PRINCIPLES

PHYSICAL & MENTAL WELL BEING STATEMENT

EMPLOYEE EMERGENCY INFORMATION FORM

FIRST AID/CPR COPY OF CARD (DIRECT CARE)

MONTANA NEW HIRE FORM (for full time employees only)

I9 FORM

Employee part Employer part Copy of SS Card Copy of Drivers License

W4 FORM

Employee part Employer part

HIPPA TEST COMPLETED

SOCIAL SECURITY NUMBER CHECK COMPLETED

BACKGROUND CHECK COMPLETED

SELF DECLARATION FORM COMPLETED AND SIGNED

EMPLOYEE SUMMER CONTRACT SIGNED

BIOGRAPHY AND PICTURE

MEDIA CONTRACT SIGNED

POLICY & PROCEDURE CHECK SHEET

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New Hire Employment Information

Part 1 Information Completed By Director / HR Rep.	
Hire Date	Department: (HB, ELP, WAC, Summer)
Employee Name:	
Primary Position:	Salary Monthly _____ Hourly _____
Secondary Position:	Salary Monthly _____ Hourly _____
Daily Wage Total	Summer Wage Total
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hrs per week <input type="checkbox"/> Temp/on call _____ Hrs per week	
Classification: <input type="checkbox"/> Exempt Salary <input type="checkbox"/> Non Exempt Salary <input type="checkbox"/> Hourly	
I-9 information Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was a reference check completed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was a background check done <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certificates / Licenses <input type="checkbox"/> Required <input type="checkbox"/> Not Required	
If required was a copy attained and put in file <input type="checkbox"/> Yes <input type="checkbox"/> No	
Director Approval (Print Name)	(Signature) (Date)
Part 2 Information Completed By Employee.	
Employee Name	Social Security:
Street Address:	City State Zip
Telephone: ()	Birthdate:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Emergency Contact: Name & Phone No.
Race/Ethnic: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian	Check all of the following which apply to you <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Era Vet <input type="checkbox"/> Disabled Vet <input type="checkbox"/> Disabled Person <input type="checkbox"/> Disabled Vietnam Era Vet
Part 3 Reviewed By HR Rep.	
Reviewed & Approved:	Date:

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Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

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Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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Confidentiality Agreement (New Hire)

This confidentiality agreement is made and entered into as of _____ 2010 by and between Phoenix Mountain DBA Explorations Corp. DBA Phoenix Mountain DBA Explorations and the undersigned employee of Phoenix Mountain DBA Explorations.

I recognize that Phoenix Mountain DBA Explorations provides a broad range of youth-oriented educational, treatment, rehabilitative and related services, wilderness based programs, therapeutic boarding school programs and various health care management services through a variety of formulas, patterns, programs, methods, techniques and processes not generally known to the public or competitors

I understand and agree that my employment with Phoenix Mountain DBA Explorations may involve contact with information of substantial value to the company which may not be known in the trade and which may give the company an advantage over its competitors who do not know or use it, including but not limited to:

1. trade secrets, as defined by law of the state in which employee is employed, or the Uniform Trades Act;
2. Proprietary, privileged or private information relating to Phoenix Mountain DBA Explorations past, present, or future clients, students and employees (including client lists);
3. Proprietary, privileged or private information about the extent to which health care, educational services or other services are provided to students/clients and the manner by which the services are delivered;
4. Phoenix Mountain DBA Explorations operational and financial plans and programs, marketing, sales and other non-public business information;
5. Utilization and quality assurance information, and the results of any quality assurance investigations or reviews;
6. Information regarding the technology, listings or protocols embodied in the computer systems and programs owned or held by Phoenix Mountain DBA Explorations;
7. Referral sources, products research, developments, improvements and computer software and data bases, processes and other technical data;
8. Information regarding administrative, management, and business, financial and personnel information related to the business, practices or techniques of Phoenix Mountain DBA Explorations;
9. All other information of Phoenix Mountain DBA Explorations which has substantial value to Phoenix Mountain DBA Explorations which is not generally known in the trade;
10. Information protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, mandated regulations pursuant to state and federal guidelines.

I agree that at all times I shall regard and preserve as confidential such "Confidential Information" and shall not, during my employment or thereafter, publish or disclose any part of such Confidential Information in any manner, or use the same without the prior written consent from Phoenix Mountain DBA Explorations except on behalf of the Phoenix Mountain DBA Explorations. All Confidential Information shall be the sole property of Phoenix Mountain DBA Explorations and its assigns.

On termination of employment for whatever reason, whether with or without cause, I shall not take or allow a third party to take, and I shall deliver to Phoenix Mountain DBA Explorations all originals,

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copies, and reproductions of any kind of Confidential Information, including records, sketches, reports, notebooks, proposals, lists, correspondences, equipment, documents, computer diskettes, photographs, negatives, undeveloped film, notes, tape recordings, electronic recordings, data or property of any nature belonging to Phoenix Mountain DBA Explorations or pertaining to my work at the Phoenix Mountain DBA Explorations. I recognize that the unauthorized taking of any confidential information may be a crime and may also result in civil liability. I further agree not to take or retain any directories, lists, badges, keys, contracts or other documents belonging to or regarding the Company upon the termination of my employment.

If I leave Phoenix Mountain DBA Explorations, I consent to the Company's notification to any new employer of my rights and obligations under this Agreement

I agree that both during and after my employment by Phoenix Mountain DBA Explorations; I will not interfere with, disrupt, or impair any relationship between the Company and any consultant, representative or outside organization or government entity.

I acknowledge that I have entered this agreement in consideration of my employment or continued employment with Phoenix Mountain DBA Explorations. I agree that nothing in this agreement changes my status as an at-will employee and that either Phoenix Mountain DBA Explorations or I may end my employment with or without cause at any time.

This agreement may be amended only in writing signed by me and the Director or his/her designee.

Signature _____

Print Name _____

Date _____

Phoenix Mountain DBA Explorations

Driver Authorization Form

Date _____

No employee will be allowed to drive any company vehicle prior to Phoenix Mountain DBA Explorations receiving a current motor vehicle report which will be obtained by using Verified Credential Inc.

PLEASE PRINT ALL INFORMATION AS IT APPEARS ON YOUR DRIVERS LICENSE

Driver's Name _____ DOB _____

License # _____ State _____

License Issue Date _____ License Expiration Date _____

A THREE YEAR VERIFIABLE DRIVING HISTORY IS REQUIRED. IF LICENSED LESS THAT 3 YEARS IN THE ABOVE MENTIONED STATE, PLEASE PROVIDE INFORMATION BELOW ON THE PREVIOUS LICENSE.

License # _____ State _____

By signing below I authorize DMV/MRV information to be obtained by Phoenix Mountain DBA Explorations insurance broker as needed for insurance underwriting purposes.

Signature of prospective/current employee _____

OFFICE USE ONLY

Will driver be driving his/her vehicle on company business? YES NO

If yes get a copy of his/her personal up to date auto insurance

AdditionalNotes: _____

Driver Approved

Driver Declined

Comments

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Student & Client/Patient Confidentiality & Anonymity Agreement

Any person(s) that is enrolled in, participating as a client/patient or employed by Phoenix Mountain DBA Explorations are protected by Federal and State Laws regarding the confidentiality of information and their anonymity.

Specifically:

1. You may not inform, admit or acknowledge to any person/agency that a person is either a student or client/patient of Phoenix Mountain DBA Explorations.
2. You may not release any information, verbal or written, regarding a student or client/patient without a "consent to release information/records form" signed by the student/legal guardian or client/patient.
3. You may not discuss or share any information about a student or client/patient outside of the program, which would breach that person's anonymity or confidentiality.

A failure to comply with the above outlined terms and conditions may result in discipline, up to and including discharge of employee.

I have received this policy and agree to read and adhere to it.

Employee Signature _____

Employee Name Printed _____

Date Signed _____

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Authorization and Liability Release

I the undersigned voluntarily authorize a consumer reporting agency to generate a consumer/investigative consumer report on my character, general reputation, personal characteristics, and mode of living to Phoenix Mountain DBA Explorations I understand that this report will be used to make decisions about my employment.

I understand that I may request additional information about the nature and scope of the investigation and a summary of my rights under the consumer reporting laws.

Verified Credentials incorporated will generate the consumer/investigative consumer report. I understand that Phoenix Mountain DBA Explorations will ask this agency to prepare a report concerning my criminal history, sex offender status, and/or educational experience and professional license.

I understand that I have the right to inspect the report at the investigative agency's office during normal business hours and after reasonable notice to the agency. I must show proper identification and pay for any costs involved with the inspection. I have the right to be accompanied by one other person who must also show proper identification. The investigative agency will explain any of the information in the report and will provide a written explanation of any coded information.

I release Phoenix Mountain DBA Explorations, its employees, its officers, its representatives, Verified Credentials Incorporated, and anyone else for all claims, liability and damages that may result for negligently investigating, furnishing, communicating, reviewing, or evaluating information pursuant to this investigation and from the use of the report. This release means I am waiving claims for negligence, misrepresentation, emotional distress, invasion of privacy, interference with prospective business relations or contract, breach of contract and any other negligent act. I expressly intend that this release is as broad and inclusive as is permitted by law. Also if any portion of this release is held invalid, the balance will continue in legal force. I have read this Notice, Authorization and Liability Release and understand and agree with each of its terms.

Would you like a copy of this report? YES NO

Last Name First Name Middle Name

Other Names Used Date of Change

Street Address

City State Zip Code

If the above address does not encompass 7 years, Please list the cities and states you have lived in prior.

City State

City State

Social Security Number Date of Birth

Drivers License Number State Issued

Signature Date

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Policy Prohibiting Sexual Harassment

It is our policy, in accordance with providing a positive, discrimination-free work environment, that sexual harassment in the workplace is unacceptable conduct that will not be condoned.

Sexual harassment is unsolicited, nonreciprocal behavior by an employee who is in a position to control or affect another person's job status and who uses the power or authority of that position to cause that employee to submit to sexual activity, or to fear that he or she would be punished for refusal to submit.

Sexual harassment also includes any employee conduct unreasonably interfering with another's work performance by creating an intimidating, hostile, or offensive working environment. Sexual harassment consists of a variety of behaviors by employees directed to other employees including, but not limited to, subtle pressure for sexual activity, inappropriate touching, inappropriate language, demands for sexual favors, and physical assault.

Phoenix Mountain DBA Explorations will treat sexual harassment as any other form of misconduct. Employees who engage in harassing behavior will be disciplined appropriately. Employees who are sexually harassed are encouraged to discuss the situation with their supervisor or with an officer of the firm.

I the undersigned have read and agree with Phoenix Mountain DBA Explorations policy on sexual harassment.

Employee Signature _____ Date _____

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Employment Agreement Acknowledgement

Please read, initial and sign.

1. I acknowledge that employment with Phoenix Mountain DBA Explorations is entirely on an at-will basis _____ **(initials)**.
2. I understand that I can quit employment and that I can be terminated from employment at any time, for any reason or for no reason, with or without notice. I further understand and agree that no person at Phoenix Mountain DBA Explorations has any power or authority whatsoever, either actual or implied, to change, modify or delete the at-will nature of my employment except in writing, signed by the Director and only in writing _____ **(initials)**
3. In understand that, as a condition of employment, a background criminal investigation may be conducted and a record of my criminal convictions, if any, will be examined. _____ **(initials)**
4. I understand and agree that my employment by the company may be conditioned where required, on the satisfactory completion of a post medical exam, TB test, and drug screening. _____ **(initials)**
5. I understand and agree that any offer of employment by Phoenix Mountain DBA Explorations is conditioned on my providing satisfactory proof of my identity and legal authority to work in the USA and if I fail to provide such proof, my employment will be terminated. _____ **(initials)**
6. In the event of my employment with Phoenix Mountain DBA Explorations, I will comply with all policies rules and regulations of the Company. _____ **(initials)**
7. I agree to abide by and protect health and medical information under the rules of privacy and in compliance with the protected information (PHI) under guidelines in the health insurance and portability and accountability act (HIPPA) of 1996. I understand I am prohibited from disclosing to third parties that a student or any other person in enrolled in or has sought services of Phoenix Mountain DBA Explorations unless authorized by management or program protocols. I acknowledge that release of student or client information to third parties requires written authorization from the Program Director and is to be released only be the program director or an assigned designee. I agree that I may not discuss, present or share information about patient or student outside of the program, except to those with a legitimate need to know, which would be a breach of that a person's anonymity or confidentiality. _____ **(initials)**

Name _____
Sign

Print Name

Date _____

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National Association of Therapeutic Schools and Programs Ethical Principles

Members of the National Association of Therapeutic Schools and Programs (NATSAP) provide residential, therapeutic, and/or education services to children, adolescents, and young adults entrusted to them by parents and guardians. The common mission of NATSAP members is to promote the healthy growth, learning, motivation, and personal well-being of our program participants. The objective of all our therapeutic and educational programs is to provide excellent treatment for our program participants; treatment that is rooted in good-hearted concern for their well-being and growth; respect for them as human beings; and sensitivity to their individual needs and integrity.

In applying to become or continue as a member of The National Association of Therapeutic Schools and Programs, we agree to:

1. Be conscious of, and responsive to, the dignity, welfare, and worth of our program participants.
2. Honestly and accurately represent ownership, competence, experience, and scope of activities, and to not exploit potential clients' fears and vulnerabilities.
3. Respect the privacy, confidentiality, and autonomy of program participants within the context of our facilities and programs.
4. Be aware and respectful of cultural, familial, and societal backgrounds of our program participants.
5. Avoid dual or multiple relationships that may impair professional judgment, increase the risk of harm to program participants, or lead to exploitation.
6. Take reasonable steps to ensure a safe environment that addresses the emotional, spiritual, educational, and physical needs of our program participants.
7. Strive to maintain high standards of competence in our areas of expertise and to be mindful of our limitations.
8. Value continuous professional development, research, and scholarship.
9. Place primary emphasis on the welfare of our program participants in the development and implementation of our business practices.
10. Manage our finances to ensure that there are adequate resources to accomplish our mission.
11. Fully disclose to prospective candidates the nature of services, benefits, risks, and costs.
12. Provide an appropriate professional referral if we are unable to continue service.

As an executive of

a member program/program applying for membership with the National Association of Therapeutic Schools and Programs, I have signed below to indicate that our organization supports and follows the above Ethical Principles.

Signature

Name (Please print or type)

Title

Date

Phoenix Mountain DBA Explorations
Physical & Mental Well Being Statement

I, _____ state that I am in good physical and mental condition and I believe that I am fully capable of performing the physical and mental requirements outlined by my job duties.

Signature _____

Date _____

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Employee Emergency Information Form

Date last updated: _____

Personal Information	
First name	
Middle name	
Last name	
Nickname	
Gender	
Citizenship	
Place of birth (country/region)	
Home address	
District/County	
Home phone	
Cellular phone	
Home fax	
Home e-mail address	
Birthday (MM/DD/YYYY)	
Government ID or SSN	
Passport number	
Driver's license/state ID number	
Medical Information	
Doctor's name	
Address	
Phone number	
Blood type	
Medical conditions	
Allergies	
Current medications	
Emergency Information	
Emergency contact's name	
Relationship	
Address	
Phone number(s)	

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Self-Declaration Form for a Child Care Position

Child Protection Policy

This form must be completed by all employees for positions within Phoenix Mountain Collaborative LLC dba Explorations.

Phoenix Mountain Collaborative LLC dba Explorations is committed to the protection of children and has a duty to ensure the suitability of any individual who works with children. To fulfill this responsibility, we ask that you complete this form having read the guidance notes attached.

Should you be appointed to the position applied / volunteered for, you will also be required to complete a State and Federal background check.

If selected for an interview you will be required to disclose all agency investigations, and criminal charges, including those that weren't prosecuted or resulted in a withheld judgments or plea of nolo contendere, convictions (whether or not you spent time in jail), acquittals, cautions, warnings and any other non-conviction relevant information. Phoenix Mountain Collaborative LLC dba Explorations undertakes to treat all applicants for positions within Phoenix Mountain Collaborative LLC dba Explorations equally and to process and make decisions on disclosed information in a fair manner.

Please complete all sections fully including all relevant details regarding charges, convictions, investigations (if applicable), social work investigations and disciplinary action.

1. Guidance on Completing Self-Declaration Forms

Please read these notes before completing the Self-Declaration Form.

The information you give in this Self-Declaration Form will support the information we also obtain from your application form, and references. All of these sources of information will help us to make an informed decision about your application.

1.1 Who must complete the Self-Declaration Form?

It is the policy of Phoenix Mountain Collaborative LLC dba Explorations to ask all applicants who apply to work / volunteer for "child care" positions to complete a self-declaration form.

1.2 Which sections of the form must I complete?

All individuals applying for positions that entail direct access to the program participants must complete all portions 2.1, 2.2, 2.3, 2.4, 2.5 of this form.

You must also provide identification so that the personal details you provide can be verified. You will be asked to provide these should we invite you to interview.

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1.3 What happens if I do not wish to complete a Self-Declaration Form?

In accordance with our child protection policy and guidelines you will not be allowed to work / volunteer in a position within our organization.

2. Self-Declaration Form

Please complete the following tick boxes and relevant other sections

2.1 Previous convictions.

This should include any convictions that have been dealt with by a court.

I have no previous charges or convictions (Go to section 2.2)		I have previous charges or convictions (Complete the section below)	
Date(s) of charges or conviction(s):			
Court(s) where your charges or conviction(s) were heard:			
Type of offence(s):			
Sentence(s) received			
Please give details of the reasons and circumstances that led to your offence(s)			
Please give details of how you completed the sentence(s) imposed, (for example did you pay your fine(s) as required; what conditions were attached to your probation/community service, did you comply with the requirements of your sentence(s).			
Have any other organizations supported you to work through any of the above issues/difficulties?			

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2.2 Details of any disciplinary action relating to behavior to children.

<p>I have never been disciplined because of inappropriate behavior towards a child which may have harmed them or put them at risk of harm (Go to section 2.2)</p>		<p>I have been disciplined because of inappropriate behavior towards a child which may have harmed them or put them at risk of harm (Complete the section below)</p>	
<p>Please give details.</p>			

2.3 Police Investigations – this should include relevant police non conviction information.

All investigations should be disclosed, not just those related to children.

<p>I have never been subject to any police investigations (Go to section 2.4)</p>		<p>I have been subject to police investigations (Complete the section below)</p>	
<p>Date of investigation(s):</p>			
<p>Police Department(s) involved:</p>			
<p>Details of investigation(s):</p>			
<p>Please give details of the reasons and circumstances that led to your investigation(s):</p>			

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2.4 Social Work

<p>I am not known to social work departments/social services, police agencies or departments as an actual or potential risk to children and I have never been investigated by any agency for any issue related to the health, safety or welfare of a child. (Go to section 2.5)</p>		<p>I am known to social work departments/social services police agencies or departments as an actual or potential risk to children or I have been investigated by an agency for an issue related to the health, safety or welfare of a child. (Complete the section below)</p>	
<p>Please provide details:</p>			

I _____
[full name in block capitals]

Of _____
[address]

confirm that all information provided is true and correct.

I understand that deliberately giving false information can result in immediate disqualification for any job position and/or prosecution.

Signed: _____ Date: _____

Phoenix Mountain DBA Explorations

2.5 Declaration to be completed by all applicants

I hereby declare and represent that, except for as disclosed above, I have not at any time, whether in the United States or abroad, been charged or found guilty and sentenced by a court for ANY criminal offence.

I give my consent to Phoenix Mountain Collaborative LLC dba Explorations to complete/request state and federal background checks and to request references for the purposes of verifying the replies given in this declaration, including enquiries of any relevant authority.

I agree to inform Phoenix Mountain Collaborative LLC dba Explorations if I am charged or convicted of an offence after I take up any position within the organization. I understand that failure to do so may lead to the immediate suspension of my work with children with the organization and/or the termination of my services.

If I am appointed to a position, I agree to abide by the Phoenix Mountain Collaborative LLC dba Explorations Child Protection Policy and Guidelines.

I agree to abide by the conditions above and certify that the information contained in this form is true and correct to the best of my knowledge and I realize that false information or willful omissions may lead to the immediate suspension of my work with children or the termination of my services.

Signed: _____

Date: _____

Please note that any information you give in this form will be managed according to the organization's Confidentiality Policy.

Please return the completed self-declaration form to the organization ATT Leona Gollen. Please send this separately from you application. It is important that the forms are kept separate. Your completed self-declaration form will only be seen by those individuals in the organization who have a responsibility for recruiting staff and volunteers.

Please check you have answered all (2.1, 2.2, 2.3, 2.4, 2.5) questions before returning the form.