



Name/DOB Search  
DELJIS/CPR



State of Delaware  
The Department of Services  
For Children, Youth and  
Their Families

**YOUTH CAMP**  
**CONVICTION HISTORY RECORD AND**  
**CHILD ABUSE AND NEGLECT BACKGROUND CHECK REQUEST FORM**

\* To be completed by prospective employees and volunteers 18 years and older

**PART I. APPLICANT INFORMATION (please print clearly)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F  
Last First Middle m m d d y y y y

Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_ Alias/Other Name(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License # or ID # \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)(P.O./Apt. # if applicable) (City) (State) (Zip)

Personal E-Mail Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you on the Delaware child protection registry for any substantiated cases of child abuse/neglect? [ ] Yes [ ] No  
If yes, explain \_\_\_\_\_

Have you ever been convicted or adjudicated delinquent of a crime? [ ] Yes [ ] No If yes, explain \_\_\_\_\_

I hereby consent to the release of any Delaware criminal conviction concerning me by the Delaware Justice Information System (DELJIS) to the State of Delaware Department of Services for Children, Youth and Their Families (DSCYF) and the below named employer. I also consent to the release of information concerning me from DSCYF records to DELJIS and the below named employer. I understand that my failure to disclose any information involving criminal convictions/adjudications or substantiated cases of child abuse or neglect against me may be grounds for immediate termination. I also understand that information acquired through this process will be used to evaluate my eligibility for employment at a child-serving entity. I further release the Delaware DSCYF, DELJIS and all their officers and employees from any and all claims arising out of or in any way connected to the release and/or dissemination of any information concerning me.

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

This background check is authorized under 31 Delaware Code, Section 309. Information obtained through this process will be used to search the criminal conviction records of the Delaware SBI. This background check also includes a search of the Delaware child protection registry.

**PART II. EMPLOYER INFORMATION - Request required for: (Check only one)**

\_\_\_ Owner/Operator \_\_\_ Employee \_\_\_ Volunteer \_\_\_ Other (specify) \_\_\_\_\_

Name of Youth Camp: Delaware State University ID #: 1803

Address: 1200 North DuPont Highway, Dover, DE 19901  
(Street) (City) (State) (Zip)

Telephone #: 302-857-6261 FAX #: 302-857-6264 Contact Person: Sandra Golson

**DELJIS USE ONLY**

[ ] ELIGIBLE [ ] PROHIBITED Date: \_\_\_/\_\_\_/\_\_\_ Signature: \_\_\_\_\_

**DSCYF USE ONLY**

[ ] ELIGIBLE [ ] PROHIBITED Date: \_\_\_/\_\_\_/\_\_\_ Signature: \_\_\_\_\_



State of Delaware  
The Department of Services  
For Children, Youth and  
Their Families

**YOUTH CAMP**  
**CRIMINAL HISTORY RECORD AND**  
**CHILD ABUSE AND NEGLECT BACKGROUND CHECK REQUEST FORM**

\* To be completed by prospective employees and volunteers 18 years and older

**PART I. APPLICANT INFORMATION (please print clearly)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F  
Last First Middle m m - d d - y y y y

Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_ Alias/Other Name(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License # or ID # \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)(P.O./Apt. # if applicable) (City) (State) (Zip)

Personal E-Mail Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you on the Delaware child protection registry for any substantiated cases of child abuse/neglect? [ ] Yes [ ] No

If yes, explain \_\_\_\_\_

Have you ever been convicted or adjudicated delinquent of a crime? [ ] Yes [ ] No If yes, explain \_\_\_\_\_

I hereby consent to the release of any criminal record concerning me by the FBI, Delaware SBI, Police and Public Safety Officials to the State of Delaware Department of Services for Children, Youth and Their Families (DSCYF) and the below named employer. I also consent to the release of information concerning me from DSCYF records to the below named employer. I understand that my failure to disclose any information involving criminal convictions/adjudications or substantiated cases of child abuse or neglect against me may be grounds for denial to operate a youth camp or termination of employment. I also understand that information acquired through this process and including any subsequent criminal charges or child abuse or neglect substantiations will be used to evaluate my eligibility to have direct access to children receiving care at a child-serving entity. I further release the Delaware DSCYF and all its officers and employees from any and all claims arising out of or in any way connected to the release and/or dissemination of any information concerning me.

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

This background check is authorized under 31 Delaware Code, Section 309. Fingerprints obtained through this process will be used to search the criminal history records of the Delaware SBI and the FBI. This background check also includes a search of the Delaware child protection registry.

**FBI fingerprint record** – The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in 28 CFR 16.34. Go to [www.fbi.gov](http://www.fbi.gov) for further information.

**PART II. EMPLOYER INFORMATION** - Request required for: (Check only one)

Owner/Operator  Employee  Volunteer  Other (specify) \_\_\_\_\_

Name of Youth Camp: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

**DSCYF USE ONLY**

[ ] ELIGIBLE [ ] INELIGIBLE [ ] PROHIBITED Date: \_\_\_\_/\_\_\_\_/\_\_\_\_