Delaware State University
Background Verification Form – Camp Staff
[External Organizations]

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<tr>
<th>Today’s Date: ______________________</th>
<th>Camp Date(s): ______________________</th>
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<tbody>
<tr>
<td>Camp Name: ________________________</td>
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<tr>
<td>Camp Organizer Name: ________________________</td>
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__________________________(“Lessee”) acknowledges the following “Participation of Minors” requirements outlined in the Facilities & Services Contract (Youth Camps) provided by the DSU Campus Events Office:

PARTICIPATION OF MINORS

A. A prerequisite for the use of the Facilities by any minor is the prior execution and delivery of a University Waiver and Release form by the minor’s parent or guardian to the University. Lessee shall be exclusively responsible for obtaining the requisite signature from each parent or guardian for each participating minor and delivering the same to University in advance of the commencement of the camp and/or any related activities. NO MINOR MAY PARTICIPATE IN ANY CAMP OR ACTIVITY ON THE UNIVERSITY PREMISES WITHOUT THE PRIOR EXECUTION AND DELIVERY OF A WAIVER AND RELEASE FORM.

B. By executing this contract, Lessee agrees to abide by the requirements of the Beau Biden Child Protection Act, 31 Del. C. § 309, et. seq. (“Act”), including, without limitation, obtaining requisite background checks on camp counselors, employees, contractors, volunteers or other agents helping in the administration of the camp and/or related activities. LESSEE AFFIRMATIVELY AGREES TO INDEMNIFY, DEFEND AND HOLD UNIVERSITY HARMLESS FROM ITS FAILURE, IN WHOLE OR PART, TO ABIDE BY THE REQUIREMENTS OF THE ACT.

By signing below, the Camp Organizer as authorized representative of the Lessee, verifies that all camp staff is in compliance with the “Participation of Minors” requirements outlined above. If the camp is not in compliance with these requirements, the Lessee assumes all liability that stems from the failure to comply.

Camp Organizer Signature: ______________________ Date: ______________________
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

Ethnicity: _________________________ Race: ___________ Alias/Other Name(s): __________________________

Social Security Number: _____ - _____ - _____ Drivers License # or ID # __________________________ State: __

Address: ____________________________ (City) __________________________ (State) __________________________ (Zip)

(Street)(P.O./Apt. # if applicable)

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 306. 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

Address: 1200 North DuPont Highway, Dover, DE 19901

Telephone #: 302-857-6261 FAX #: 302-857-6264

Contact Person: Sandra Golson

DEJIS USE ONLY

[ ] ELIGIBLE [ ] PROHIBITED Date: __ __ __ Signature: __________________________

DSCYF USE ONLY

[ ] ELIGIBLE [ ] PROHIBITED Date: __ __ __ Signature: __________________________
PART I. APPLICANT INFORMATION (please print clearly)

Name: ___________________________ Last Name, First Name, Middle Initial

Date of Birth: _______ _______ _______ Sex: M F

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 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: ____/____/____