

**SCHOOL MENTOR PROGRAM
CRIMINAL HISTORY RECORD SCREENING AUTHORIZATION**

(Please print or type all information in black ink)

VOLUNTEER:

LAST NAME FIRST NAME MIDDLE SUFFIX

ALL OTHER FULL NAMES USED IN THE PAST:

1. _____
2. _____
3. _____

DATE OF BIRTH: _____ **RACE:** _____ **GENDER:** _____
Month Day Year

SOCIAL SECURITY NUMBER (REQUIRED): _____

ADDRESS: _____
STREET
CITY STATE ZIP

TELEPHONE NUMBERS: () _____ () _____
HOME WORK

AUTHORIZATION TO RELEASE INFORMATION:

I authorize release of any and all information that you have concerning me, including CRIMINAL HISTORY RECORD INFORMATION and other information of a confidential or privilege nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information.

SIGNATURE DATE

SCHOOL PERSONNEL: It is recommended that each volunteer's driver's license be photocopied and kept on file with a copy of this form.

Forms should be mailed to:
Creative Mentoring
100 W. 10th Street
Suite 1115
Wilmington, DE 19801

For information or questions call:
Delaware State Police, Criminal History Section
1-800-464-4357 or 739-2528
(P.O. Box 430, Dover, DE 19903)

STATE BUREAU OF IDENTIFICATION USE ONLY:

SIGNATURE/DATE No Delaware Criminal History Record based on a name and date of birth check.

SIGNATURE/DATE The Delaware Criminal History Record is attached.

This Criminal History Record check is based on a name, date of birth and Social Security number only. No fingerprints were provided. Fingerprints provide the only "Positive" means of determining whether an individual has a Delaware Criminal History Record.



DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



Email, fax, or mail request to:

Criminal History Unit
Concord Plaza, Hagley Building
3411 Silverside Road
Wilmington, DE 19810
Phone: 302-892-5800 Fax: 302-633-5191
Email: DSCYF_CHU@delaware.gov

When requesting Child Protection Registry checks:

- Allow 15 working days for results to be processed
- Do not use a cover sheet
- Do not send duplicate requests
- Form must be submitted to DSCYF within 90 days of signature date in order to be processed

PART I. APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name: _____
Last First Middle

Other Name(s) used: _____ DE Driver's License # _____

Social Security # _____ Date of Birth: _____ Gender: _____ Race: _____
mm-dd-yyyy

Address: _____
(Street) (City) (State) (Zip)

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

If yes, explain: _____

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Delaware child protection registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: _____ Date: _____

Parent / Guardian Signature (If applicant is under the age of 18) _____

PART II. AGENCY INFORMATION - (MUST BE COMPLETED IN ORDER TO PROCESS)

Agency Identification Number (if applicable): 1300

Contact ID: 1831

Requesting Agency Name: Connecting Generations

Address: 100 West 10th Street #1115, Wilmington, DE 19801

Phone: (302)656-2122 Fax: (302)656-2123 Contact Person: Jennifer Marek

Contact Email: jmarek@connecting-generations.org

DSCYF USE ONLY:

The individual listed above (___ is listed) (___ is NOT listed) on the Delaware Child Protection Registry.

Date: _____ DSCYF Criminal History Unit _____