

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 CONSENT FORM Web Portal

Request must be within 90 days of signature date in order to be processed

PART I - APPLICANT INFORMATION

Name (Last*, First*, Middle):

Other Name(s) used:

Social Security #:

Date of Birth (mm/dd/yyyy)*:

Gender*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

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 requester with all substantiated cases of child abuse or neglect concerning me that are active on 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 - REQUESTER INFORMATION

Check one option below and complete required information*:

- Agency Request – Agency Name*: **Connecting Generations:** Creative Mentoring
100 W. 10th St
Suite 1115
Wilmington, DE 19801
- Individual Request - Self

* Mandatory