

Name of organization: \_\_\_\_\_ FEIN: \_\_\_\_\_

Website address: \_\_\_\_\_ *If you do not have a website, attach brochure and detailed description of daily activities of organization.*

1. Indicate number of clients, students or members in each age range:  NA  0-5  6-14  15-18  19-62  62-75  75-85  86+

2. As respects abuse,

a. Have any claims been filed or allegations of abuse been made against your organization or anyone working on behalf of your organization? YES  NO

b. Are you aware of any occurrences that could lead to a claim? YES  NO

**If yes** to above, explain: \_\_\_\_\_

3. Does your organization have written policies that require known or suspected abuse incidents be reported to proper authorities? YES  NO

4. Does your organization require at least 2 employees or volunteers to be with clients at all times, prohibiting all employees and volunteers from being alone with clients? YES  NO

**If no**, explain \_\_\_\_\_

5. Indicate all employee and volunteer screening controls used by your organization:

<b>Provide the following information:</b>	<b>EMPLOYEES ( NO EMPLOYEES <input type="checkbox"/> )</b>	<b>VOLUNTEERS ( NO VOLUNTEERS <input type="checkbox"/> )</b>
a. Written applications required	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Picture ID required	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Personal interviews conducted	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Personal references checked	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. At least 5 years of employment history verified	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Education of professionals verified	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Licensing/certification of professionals verified	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Explain any **NO** responses: \_\_\_\_\_

6. Indicate all background checks which are conducted:

<b>Provide the following information:</b>	<b>EMPLOYEES ( NO EMPLOYEES <input type="checkbox"/> )</b>	<b>VOLUNTEERS ( NO VOLUNTEERS <input type="checkbox"/> )</b>
a. No background checks conducted	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Name check – local level	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Name check – state level	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Name check – national level (e.g. using online vendor services)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. State level 10-digit fingerprint check	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. FBI fingerprint check <b>regardless of time person has resided in the state</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. FBI fingerprint check <b>if person has resided in the state less than 5 consecutive years</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. FBI fingerprint check – other criteria – describe:		
i. Description of other screening methods:		

7. Are all controls indicated in 5 and 6 above completed prior to:

a. Hiring employee or accepting volunteer?

YES  NO

b. Employee or volunteer contact with client?

YES  NO

Explain any **NO** responses: \_\_\_\_\_

8. Do applications contain a notice that a criminal background check may be run on all candidates?

YES  NO

**If yes**, does application advise applicant that they may be rejected or terminated based on an unacceptable background check?

YES  NO

9. How long are employee and volunteer records, including record of background checks, retained?

Number of years: \_\_\_\_\_

Permanently

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_