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Safe Families for Children Consent for Conducting a Criminal Background Check

I hereby authorize Lydia Home Association to obtain information pertaining to any convictions I may have had for violation of municipal, county, state or federal laws. This information will include crimes committed upon minors and will be gathered from any law enforcement agency of any state or federal government, or from third party providers of information originally obtained from law enforcement or court records. I acknowledge that the District of Columbia authorized Lydia Home Association to conduct a criminal background check. I authorize the Federal Bureau of Investigation (FBI), the Metropolitan Police Department (MPD), or designee to conduct the criminal background check. I acknowledge that a criminal background check must be conducted before I may be offered an unsupervised volunteer position with Lydia Home Association.

I authorize Lydia Home Association to obtain information from the District's child protection register and from the child protection registers in every state in which I resided or worked from the time I was eighteen (18) years of age or older.

I acknowledge that I must receive written permission from Lydia Home Association in order to transport a ward of the District. I will provide Lydia Home Association a full history Driver Record produced by the state that issued my driver's license in order to receive that permission. In order to transport other children involved with Safe Families for Children, I will provide Lydia Home Association a copy of my valid driver's license and a certificate of driver's insurance.

Except as I have disclosed, I have not been convicted of a crime, pleaded nolo contendere, am not on probation before judgment or placement of a case upon a stet docket, or have been found not guilty by reason of insanity, for any sexual offenses or intra-family offenses in the District or their equivalent in any other state or territory, or for any of the following felony offenses or their equivalent in any other state or territory:

- (i) Murder, attempted murder, manslaughter, or arson;
- (ii) Assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats to do bodily harm;
- (iii) Burglary;
- (iv) Robbery;
- (v) Kidnapping;
- (vi) Illegal use or possession of a firearm;
- (vii) Sexual offenses, including indecent exposure; promoting, procuring, compelling, soliciting, or engaging in prostitution; corrupting minors (sexual relations with children); molesting; voyeurism; committing sex acts in public; incest; rape; sexual assault; sexual battery; or sexual abuse; but excluding sodomy between consenting adults;
- (viii) Child abuse or cruelty to children; or
- (ix) Unlawful distribution of or possession with intent to distribute a controlled substance;

I acknowledge that I may be denied a volunteer position or may be terminated as a volunteer based on the results of the criminal background check or information obtained from the child protective register. I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied a volunteer position or, if already accepted, terminated from my position. I acknowledge that a false statement may make me subject to criminal penalties.

I acknowledge that I am entitled to receive a copy of the criminal background check and to challenge the accuracy and completeness of the report.

I acknowledge that the above records received by Lydia Home Association shall be confidential and are for the exclusive use of making volunteer-related determinations. The records shall not be released or otherwise disclosed to any person except when:

- (i) Required as one component of an application for employment with any covered child or youth services provider;
- (ii) Requested by the Mayor, or his or her designee, during an official inspection or investigation;
- (iii) Ordered by a court;
- (iv) Authorized by the written consent of the person being investigated; or
- (v) Utilized for a corrective, adverse, or administrative action in a personnel proceeding.

Applicant Signature

Applicant Full Name

Date

Street Address

City

State

ZIP Code

Date of Birth