

Group Name: _____

Group Dates: _____

Group Contact Person: _____



Protection of Minors Criminal Background Check Verification

It is the policy of the University of San Francisco to obtain annual criminal conviction information on current employees, students, and “regular volunteers”* whose assignments involve contact with minors outside the scope of faculty/matriculated student instruction.

It is also the policy of the University of San Francisco to require third parties using campus facilities for youth-serving programs or activities to conduct the following checks on all adults associated with the program/activity:

- a. **Background Checks:** Conduct criminal history and sex offender checks on staff and “regular volunteers” who exercise responsibility over minors. No authorized adult or “regular volunteer” in a direct contact position may work with minors until a satisfactory criminal history check has been completed. *USF may require third parties to provide documentation showing satisfaction of training and background check requirements upon request.*
- b. **Alternate Staff:** Group must agree to have fully screened alternate staff, “regular volunteers,” and/or volunteers on standby if an active staff/“regular volunteer”/volunteer cannot perform their duties.
- c. **Training:** Group must agree to provide all staff, “regular volunteers,” and volunteers training with respect to “Mandatory Reporting” requirements (if applicable), first aid, CPR (if appropriate), harassment, bullying, sexual harassment, sexual assault, protection of minors, and rules of conduct.

*AB 506 defines “regular volunteer” as “a volunteer with the youth service organization who is 18 years of age or older and who has direct contact with, or supervision of, children for more than 16 hours per month or 32 hours per year.”

I certify that all employees and “regular volunteers” who will have any contact with minors have successfully passed a criminal background check. I certify that all employees, “regular volunteers,” and/or volunteers have completed all respective training in accordance with the requirements above.

Signature of Program Director _____

Printed Name _____

Date _____

**LIST OF APPROVED STAFF MEMBERS, “REGULAR VOLUNTEERS,” OR
VOLUNTEERS WHO WILL BE WORKING WITH MINORS DURING THE GROUP’S STAY.**

First Name	Last Name	Email Address