



THE UNIVERSITY OF
ALABAMA IN HUNTSVILLE

Youth Protection Policy Background Check Attestation Form for Third Parties

Program Name: _____ Program Date(s): _____

Name of Legal Entity: _____

Program Contact Name: _____

Program Contact Email: _____ Program Contact Phone: _____

1. I certify that background checks have been conducted on all individuals working in activities and programs for or that involve interaction with youth, and who are likely to have responsibility for the care, custody, or control of youth as part of that activity or program.
2. These background checks have been completed within the 12 months prior to the start date of the program.
3. These background checks cover federal, state, and municipality criminal and sex offender records.
4. Specifically:
 - a. a statewide criminal history search in the State of Alabama;
 - b. county-by-county criminal history searches for any location outside of Alabama (including international checks if applicable) in which the program staff member indicates they have lived, worked, or attended school within the past seven (7) years;
 - c. a sex offender registry search;
 - d. an ID Trace via the program staff member's social security number; and
 - e. a driving record in the event the program staff member will be driving during the course of the activity.
5. I further certify these have been or will be reviewed for the following charges (or charges that are similar in nature to the following charges):

Felony Convictions

 - Murder
 - Child abuse or neglect
 - Crimes against children, including child pornography
 - Spousal abuse
 - Crimes involving rape or sexual assault
 - Kidnapping

- Arson
- Physical assault or battery
- Drug-related offenses committed during the preceding 5 years

Misdemeanor Convictions (Committed as an adult against a child)

- Child abuse
- Child endangerment
- Sexual assault
- Child pornography

6. I further certify that all program staff will comply with the [UAH Youth Protection Policy](#) and will meet all supervision and oversight ratios outlined in the Guidebook at all times.

None of the individuals working in the program have any of these disqualifying events in their background check report.

Signature: _____

Printed Name: _____ **Date:** _____

Notary Statement

I hereby certify that _____, whose name is signed to the foregoing instrument or conveyance, and who is known to me, acknowledge before me on this day that, being informed of the contents of the conveyance, and they executed the same voluntarily on the day the day the same bears date.

Notary Signature: _____

Printed Name: _____ **Date:** _____

My Commission Expires: _____ **(Seal)**