

Youth Activity Form (Faculty/Staff application)

Department _____

Type of interaction _____

Name _____

Personnel Number _____

The Youth Activity Safety Policy was implemented to assure a safe, positive, and nurturing environment for all youth involved with UNL. **Youth** is defined as, “Any person under the age of 19 excluding full and part-time UNL students”.

My signature below verifies that I have read the Activity Worker Guidelines found at <http://police.unl.edu/policies/Activity%20Worker%20Guidelines.pdf>. I further affirm I have no relevant criminal history related to: any drug distribution activity or felony drug possession; any sexual offense; assault, including domestic violence related incidents; child abuse; molestation or other crime involving endangerment of a minor; kidnapping; murder; or any other felony or crime involving moral turpitude.

Please read, sign, and return to the appropriate sponsoring department. This form can be completed electronically and e-mailed with your confirmation rather than a physical signature. This form will remain confidential.

Thank you for offering your time, talents, and leadership!

Signature

Printed Name

Date