

Signature

## **Activity Worker Screening Application**

(For all volunteers, independent contractors, or outside people that are not on the UNL payroll.)

We appreciate your interest in serving as an Activity Worker for the University of Nebraska-Lincoln. Anyone working with youth at UNL Sponsored Events is required to complete this form and to read and abide by the Activity Worker Guidelines as found at:

http://police.unl.edu/policies/Activity%20Worker%20Guidelines.pdf

**Youth** is defined as, "Any person under the age of 19 excluding full and part-time UNL students". This is necessary to assure a safe, positive, and nurturing environment for all youth involved with UNL. Please read and complete the below information, sign and return to the appropriate sponsoring department. This form will remain confidential. Thank you for offering your time, talents, and leadership!

	Sponsoring Department			
	Activity			
	Date of Activity	Phone Number		
	Full name of volunteer			
	Address			
	City, State, Zip			
Crimin	al History			
Have y	ou ever been convicted of any of the following?			
1.	Any drug distribution activity or felony drug pos	session	Yes	No
2.	Any sexual offense			
3.	Assault, including domestic violence related inci	dents		
4.	Child abuse, molestation or other crime involvir endangerment of a minor	ng		
5.	Murder			
6.	Kidnapping			
7.	Or any other felony or crime involving moral tu	rpitude.		

Printed Name

Date