

UNIVERSITY OF NORTH FLORIDA
Certification of Compliance for Background Screening
Requirements for a Camp/Program Involving Minors on Campus

Name of Camp/Program: _____

Dates of Camp/Program: _____

 Camp/Program Director Name Camp/Program Director Signature Date

University-sponsored Camp/Program

Camp/Program Budget: _____

Non-sponsored Affiliate Camp/Program

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Org

Third-party Camp/Program

Employee Name	DCF/FDLE Background Check*	Affidavit of Good Moral Character	Job Title
PLEASE USE CODES AT BOTTOM IN THESE SECTIONS			

* Required background check must include fingerprinting and local/federal law check.

* Summer camps (June through August) must use the DCF Clearinghouse.

PLEASE USE THESE CODES

R = Received and eligible to participate

RS = Re-Submission due to break in service and cleared by DCF.

HR Signature

Date