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

☐ Non-sponsored Affiliate Camp/Program

☐ Third-party Camp/Program

Camp/Program Budget: _____ _____
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Employee Name	DCF Background Check*	Affidavit of Compliance with Level 2 Screening	Affidavit of Good Moral Character	Job Title
	PLEASE USE CODES AT BOTTOM IN THESE SECTIONS			

PLEASE USE THESE CODES

R = Received w/no offenses

R-C = Received and cleared by DCF; **DCF letter must be attached**

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

*** Required background check must include fingerprinting and local/federal law check.**
*** Summer camps (June through August) must use the DCF Clearinghouse.**

last revised 3/11/2019