

## Division of Human Resources **USFSummer Program** DCF Clearandequest Form

This form must be completed and submitted to USF Human Resources in order to begs The Summer ProgramDCF Clearangerocess All sections of this form must be completed fore USF HR will initiate the background checks.

| Will your camp be utilizing SF Residence Hs? Yes No If yes, which Residence Hs will be used? |               |  |  |  |  |  |  |
|--|---------------|--|--|--|--|--|--|
| Camp/Program Director  |               |  |  |  |  |  |  |
| PhoneNumber  | Email Address |  |  |  |  |  |  |

Please list all individuals who will be working in your summer program.

| Employee/Volunteer<br>Name | Job Title | Employer | Email Address   | Phone Number  | Previous<br>DCF<br>Clearance?<br>(Y/N) |
|----------------------------|-----------|----------|-----------------|---------------|--|
| Name                       | JOB TILLE | Employer | Liliali Addiess | 1 Hone Number | (1/14)                                 |
|                            |           |          |                 |               |  |
|                            |           |          |                 |               |  |
|                            |           |          |                 |               |  |
|                            |           |          |                 |               |  |

Questions: (813) 9722970 HR Services/Summer Program Background Check Form



Questions: (813) 972970

## Division of Human Resources USFSummer Program DCF Clearandeequest Form

| • |                    |           |          |               |              | Previous<br>DCF |
|---|--------------------|-----------|----------|---------------|--------------|-----------------|
|   | Employee/Volunteer |           |          |               |              | Clearance?      |
|   | Name               | Job Title | Employer | Email Address | Phone Number | (Y/N)           |