

# Unite Sussex, Inc. Worker Application

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It is being used to help US Camp/Unite Sussex provide safe and secure environment for those children and youth who participate in our programs. This information may be used for the purpose of back ground checks.

**Please Print in Ink**

## Personal Information

Today's Date: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

                    Last                      First                      M.I.                      Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: \_\_\_\_\_

No alcohol or tobacco can be consumed while volunteering with children, can you agree to this? Yes \_\_\_\_ No \_\_\_\_

Do you have any handicaps or conditions preventing you from performing certain types of activities? Yes \_\_\_\_ No \_\_\_\_

If yes please explain: \_\_\_\_\_

Have you ever been charged with a criminal offense (excluding minor traffic violations)?

\_\_\_\_\_ If so, please explain: \_\_\_\_\_

Why do you want to work with youth or minors? \_\_\_\_\_

List (names and cities) of other organizations you have regularly worked or volunteered with in the past five years \_\_\_\_\_

List any training, education or other factors that have prepared you to work with children? \_\_\_\_\_

Will you follow the direction of US Camp leader provided by Unite Sussex ? \_\_\_\_\_

With what age group do you prefer to work with? 6-9 10-13

Have you ever been convicted of any crime involving a minor? \_\_\_\_\_

Have you in the past five years used, possessed, been convicted of illegal drugs?  
\_\_\_\_\_

## Drivers Only

Do you have points on your driver's license? \_\_\_\_\_ If so, how many? \_\_\_\_\_

Are you fully insured? \_\_\_\_\_

Have you ever been convicted of any driving offenses other than speeding? \_\_\_\_\_

If so what? \_\_\_\_\_

**Please attach 3 personal references (not former employees or relatives) Name: Phone: And Address**



**DELAWARE HEALTH & SOCIAL SERVICES**  
DIVISION OF LONG TERM CARE RESIDENTS PROTECTION  
3 MILL ROAD, SUITE 308  
WILMINGTON, DE 19806

**AUTHORIZATION TO  
DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF LONG TERM CARE RESIDENTS PROTECTION  
FOR THE RELEASE OF ADULT ABUSE REGISTRY INFORMATION**

EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the indicated employer to obtain from the Division of Long Term Care Residents Protection any information concerning me which may be on the Adult Abuse Registry pursuant to 11 Del. C., § 8564.

**APPLICANT**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**WITNESS**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE