

Initial Review Date: _____

Renewal Date: _____

Renewal Date: _____

*Note: New background check must be resubmitted for
determination of suitability every five (5) years*

Candidate Information

Status: Employee Volunteer Contractor

Name: _____

Date Fingerprint Results Received _____

Date Sex Offender Registry Results Received _____

Locations Searched _____

Date Determination Made _____

First Date of Work (under the funded project): _____

Suitability to Interact with Minors Determination

Consider the required gathered information, all applicable state, federal, and tribal laws, and the grantee's written policies and procedures. In particular, an individual is not suitable to interact with participating minors in the course of activities under the award under the following conditions:

- Yes ☐ No ☐ Withheld consent to a criminal history search;
- Yes ☐ No ☐ Knowingly made a false statement that affects, or is intended to affect, this search;
- Yes ☐ No ☐ Is listed as a registered sex offender on the [Dru Sjodin](#) (national) or other sex offender website;
- Yes ☐ No ☐ Is determined unsuitable by a federal, state, tribal, or local government agency

To the knowledge of the grantee, has the applicant been convicted -- whether as a felony or misdemeanor -- under federal, state, tribal, or local law of any of the following crimes (or any substantially equivalent criminal offense, regardless of the specific words by which it may be identified in law):

- Yes ☐ No ☐ Sexual or physical abuse, neglect, or endangerment of an individual under the age of 18 at the time of the offense;
- Yes ☐ No ☐ Rape/sexual assault, including conspiracy to commit rape/sexual assault;
- Yes ☐ No ☐ Sexual exploitation, such as through child pornography or sex trafficking;
- Yes ☐ No ☐ Kidnapping;
- Yes ☐ No ☐ Voyeurism.
- Yes ☐ No ☐ Is not suitable based on agency policy

If any of these answers are yes, the candidate is not suitable for contact with minors.

Has the candidate been determined to be suitable for contact with minors? Yes ☐ No ☐

Authorizing Signature: _____

Date of Determination: _____

Printed Name: _____