



CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE PACKET

CONSENT FOR RELEASE OF INFORMATION

*****PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT*****

Part I: PURPOSE OF SEARCH

A. RELEASE TO SELF:

- ☐ 1. To determine if I have been found responsible for an "indicated" or "unsubstantiated" disposition for a child abuse or neglect investigation.
- ☐ 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> School Personnel | <input type="checkbox"/> Day Care Center | <input checked="" type="checkbox"/> Youth Camp Personnel Administrator |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Institutional Employee | <input type="checkbox"/> Family Day Care | <input type="checkbox"/> Youth Camp Worker/Volunteer |
| <input type="checkbox"/> Kinship Care | <input type="checkbox"/> CASA | <input type="checkbox"/> Community Mgmt. Entity | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> International Adoption | <input type="checkbox"/> Custody Evaluation | <input type="checkbox"/> Group Home/Residential Treatment Facility | |

Agency/Individual Name

Name of Agency Representative

Camp Mardela

Jennifer Summy

Agency Address (To include street # and name, unit type and #, city, state, and zip code)

Representative's Phone Number

301 Deep Shore Road, Denton, MD 21629

410 - 479 - 2861x

Representative's Email

campmardela@gmail.com

Part II: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME

FIRST NAME

MIDDLE NAME (Full)

MAIDEN/BIRTH NAME

SOCIAL SECURITY NUMBER

A - Number

DATE OF BIRTH

GENDER

RACE

- -

-Select-

OTHER NAMES USED

NUMBER

STREET NAME

UNIT
TYPE/#

CITY

STATE

ZIP CODE

COUNTRY

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

CURRENT SPOUSE

LAST NAME

FIRST NAME

MIDDLE NAME (Full)

DATE OF BIRTH

FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you)

LAST NAME

FIRST NAME

MIDDLE NAME (Full)

DATE OF BIRTH



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If more than 3 children, attach additional paper if necessary.

Have you lived in Maryland in the past? ☐ Yes ☐ No

Have you worked or volunteered in Maryland in the past? ☐ Yes ☐ No

If yes to either question, from what years? (ex. 2015 - 2023): _____

PRIOR ADDRESSES (List all within the past 7 years in Maryland.)

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

Part III: AUTHORIZATION

Pursuant to Code of Maryland Regulations § 07.02.07, pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Services (DHS) to notify Camp Mardela (agency or individual as listed in Part I) as to whether a local department of social services has identified me as responsible for "indicated" child abuse or neglect in any record maintained by the Maryland Department of Human Services, any local department of social services, and Child Protective Services.

*******STOP*******

REVIEW THAT ALL SECTIONS ARE COMPLETE. PLEASE DO NOT ALTER THIS FORM IN ANY WAY. ALTERED FORMS WILL NOT BE ACCEPTED. PRINT THIS FORM BEFORE PROCEEDING TO PART IV.

PART IV: SIGNATURE (If Applicant is under age 16, must be signed by Applicant's parent/guardian and Applicant)

DATE

(Print name of signature above, must be legible)	

PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC (Signature Must be blue ink)

City/County of: _____ State of: _____

Acknowledged before me this _____ day of _____, 20____

NOTARY PUBLIC SIGNATURE

My commission expires:



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION
CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name:							
Date of Birth:		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Height: ft. in.		Weight: lbs.		Eye Color:		Hair Color:	
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other							
Place of Birth:				Citizenship:			
Street Address:							
City:				State:		Zip Code:	
Phone Number:		Driver's License Number:		Email Address:			

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

- ☐ Gold Seal/Adoption (Enter Authorization Number if applicable) _____
☐ Gold Seal/Letter/VISA
☐ Immigration/VISA
☐ Individual Challenge
☐ Individual Review
☐ Attorney/Client (Written Authorization Required)

Mailing Information:

Name:			
Street Address:			
City:		State:	Zip Code:

AGENCY

Please select from the following (*ORI Required):

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Dependent Care | <input type="checkbox"/> Government Employment* | <input type="checkbox"/> Private Party Petition** |
| <input checked="" type="checkbox"/> Child Care* | <input type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Criminal Justice* | <input type="checkbox"/> Maryland State Police Licensing* | |

Agency Authorization Number:
0300090906

*ORI Number:
MD004455Y

**Position Applied:
Summer Camp Volunteer

