



COMPASS Kids Camp

June 5-9, 2023

INFORMATION PACKET

SPONSOR:

We are excited that you will be joining us for a high-quality, high-energy camp that will be like none you have ever experienced at Hesperus. There are a lot of changes taking place and all of them will make your experience much richer. Take some time to read the information to help prepare you for a fantastic camp experience.

You will have an incredible opportunity to guide kids in personal, spiritual, and relational discovery as you participate with them in worship, Bible study, crazy fun recreation, campfires, and simple down time. This time can be one of the most memorable times of your life if you will plan to engage the opportunities offered you.

THE BASICS

Cost

Camp this year is \$235/person.

Beginning and Ending Times

Camp begins at 3:00 pm on Monday and ends at 11:00 am on Friday.

Medical Treatment

A nurse or qualified medical staff will be in residence at camp. **All campers must leave all medications and vitamins with the medical staff at registration for the safety of all campers.**

Phone

Call the camp office at (970) 385-4389 to contact someone in an emergency.

SPONSOR DUTIES

1. Spend time in personal preparation for your stay at Hesperus. Remember that you are a participant in the camp program, not an observer. This week will be intense and active. It will not be a week of relaxing vacation but will be extremely rewarding. Work to identify the unique needs of each camper in your group. Commit yourself to perform these sponsor duties.
2. Encourage and monitor proper dress among your own campers and set a good example with your clothing.
3. Campers in your care should be well-behaved and respectful of others. Help campers be present and on time for all classes, activities, and worship services. Participation is not optional for you or the campers in your care. Encourage participation and promptness by example.
4. Help ensure a spiritual environment during worship. Explain expectations (for example, no picture taking, no hats, *etc.*) during worship to campers at the beginning of the stay. Before worship services sponsors should spread throughout the auditorium and pay close attention to members of the group likely to cause disruption, model active participation in worship. Be prepared for worship by having pen, paper, and Bible.
5. Look for counseling opportunities throughout the day. Offer spiritual guidance to members of your group when appropriate. Especially be on the lookout for loners or members of your group with special needs.
6. Enforce the curfew for being in the cabins and time for lights out/no noise. Campers get more out of camp when they are rested. Please abide by this. Noisy or late groups disturb other groups. Sponsors who have difficulty enforcing this guideline cause trouble for other sponsors. You are responsible for keeping the cabins clean; this includes all buildings used for camp. Encourage campers to pick up trash, *etc.*
7. Your group leader will assign you no more than 6 kids for whom you should pray and with whom you should develop relationships as you prepare to attend camp. Sponsor and camper groups should remain together at camp. You may be assigned additional campers from other churches upon registering at camp.

REGISTRATION CHECKLIST

This is your registration checklist and any items not completed will mean that they will not be able to participate in camp. Please be sure you have started the process early so that you do not miss critical deadlines.

- ☐ **Register** - Fill out your Sponsor Registration Form.
- ☐ **Sponsor Signature** - Sign the **RELEASE AGREEMENT** at the end of the Sponsor Registration Form.
- ☐ **Sponsor Signature** - Sign the **SPONSOR CONDUCT AGREEMENT** at the end of the Sponsor Registration Form.
- ☐ **References** – You are required to have three references submitted with your Sponsor Registration Form.
- ☐ **Child Protection Policy** – Sign the **CHILD PROTECTION POLICY**.
- ☐ **Background Check and Standard Precautions Training** – Follow the instructions on the enclosed sheet to complete the mandatory training.

Each of these items **MUST** be completed and turned in to your church leader. All this information is due at Hesperus Camp **10 days before the event starts**.

WHAT TO BRING TO CAMP

Hesperus is a camp set high in the Rocky Mountains at over 8000'. Even during the summertime nights are cool and stormy weather can occur on short notice. Please make sure everything about your packing takes this into consideration. You will also want to make sure all your items are labeled with your name.

- | | |
|---|--|
| <input type="checkbox"/> Bedding/Pillow for a twin-size bed (sleeping bags work great) | <input type="checkbox"/> Towel & Wash Cloth |
| <input type="checkbox"/> Shirts & Shorts/Jean (shorts must not be shorter than midway up the thigh) | <input type="checkbox"/> Water Bottle |
| <input type="checkbox"/> Socks/Underwear (bring extra socks) | <input type="checkbox"/> Bible, Pencil, and Paper |
| <input type="checkbox"/> Shoes (comfortable athletic shoes, 2 pair recommended) | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Toiletries (toothbrush, toothpaste, soap, shampoo, contact solution, etc.) | <input type="checkbox"/> Insect Repellent |
| <input type="checkbox"/> Jacket or sweater | <input type="checkbox"/> Flashlight |
| | <input type="checkbox"/> Rafting clothing and extra towel |
| | <input type="checkbox"/> Spending Money (snacks, t-shirts, etc.) |

(Remember: Girls, no bare midriffs or spaghetti straps; guys, no sagging.)

Items to leave at home: Drugs (unless prescribed by a doctor), alcohol, tobacco, fireworks, firearms, all electronic devices.

PROGRAMMING INFORMATION

Activities:

- Tandem Zip Lines
- White Water Rafting
- Disc Golf
- Basketball
- Volleyball
- 9 Square in the Air
- Gaga Ball
- Horseshoes
- Field Games





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C A M P

COMPASS Camp
June 5 to 9, 2023

FOR OFFICE USE ONLY

- ☐ Information
- ☐ Release Signature
- ☐ Conduct Signature
- ☐ References
- ☐ Child Protection Pol.
- ☐ Standard Precautions

ADULT REGISTRATION FORM

Please complete each page of this form and give it to your group leader.

Adults without a completed registration form will not be allowed to participate in camp.

ADULT INFORMATION

Adult's Name (first) _____ (last) _____
Birth Date (mm/dd/yyyy) _____ Age _____ Gender _____
Physical (NOT Mailing) Address _____
City _____ State _____ Zip Code _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____
E-Mail _____ T-Shirt Size: **Adult** S M L XL 2XL
What Church/Group are you coming to camp with? _____

Spouse/Emergency Contact

Name (first) _____ (last) _____ Relationship _____
Physical Address (if not sponsor's address) _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____
Work Phone (_____) _____ E-Mail _____
Place of Employment _____ Employer Address _____

Additional Emergency Contact

Name (first) _____ (last) _____ Relationship _____
Physical Address _____ City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____

HEALTH INFORMATION

Hesperus Camp operates under a Child Care License in the State of Colorado. To maintain that license, we must strictly adhere to several guiding laws pertaining to medical issues. Escalating regulations require us to operate in an increasingly restrictive manner, which we understand may cause unfortunate inconvenience and cost to you. As such we are striving to streamline the process and eliminate any confusion, with the goal of having an incredible camp experience. Please read and understand the following regulations and procedures. Please call us if you have questions or need clarification: (970) 385-4389.

These medical regulations fall into four primary categories, each of which affect our ability to serve an individual as a guest. Below are listed each category and an explanation of the laws pertaining to it.

HEALTH HISTORY

Each guest must furnish a health history which indicates communicable diseases and chronic illnesses or injuries the individual has had, any known drug reactions and allergies, medications being taken, and any prescribed dietary needs.

Please list all communicable diseases with which you have had contact in the last two weeks. (common cold, strep throat, pink eye, etc.) _____

Check if you have or had the following:

- | | | | | |
|---|-----------------------------------|--|------------------------------------|-------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Seizures | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Measles | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Headaches | |
| <input type="checkbox"/> Other (such as Health Concerns over 8000' elevation) _____ | | | | |
| <input type="checkbox"/> Surgeries & Dates _____ | | | | |

Date of last tetanus shot _____

Allergies: Check if individual is allergic to: ☐ Insects ☐ Foods ☐ Drugs

Please describe _____

Dietary Needs:

We strive to offer standard menus that provide options for common personal dietary PREFERENCES. Regarding **medically prescribed dietary RESTRICTIONS**, or NEEDS, we can work to accommodate them in a specialized manner. Please let us know what NEEDS are present so that we can be prepared to meet them. Please remember that **the individual has responsibility to know, understand, and adhere to their restrictions.**

Medically Prescribed Dietary NEEDS: _____

MEDICATIONS

By law, a licensed physician must supervise our processes, train us, and then legally delegate to us the permission to provide any health service. In so doing, the physician is personally liable for our actions and their medical license is in jeopardy. The following regulations have no flexibility. Home remedies and homeopathic medications MAY NOT be administered at camp.

ALL MEDICATIONS, whether PRESCRIPTION or OVER THE COUNTER (OTC), whether topical or oral (including vitamins) must be checked in upon arrival at camp and can only be administered by certified staff. The only exceptions are rescue inhalers and Epi-Pens, which the individual must carry with them always. ANY medication you may potentially need, such as Benadryl, Pepto Bismol, Tylenol, etc., **it is your responsibility to bring. The camp will not provide any OTC medication. If a need arises for medication for which we have no authorization, utilization of Urgent Care or the Emergency Room will be our only option.** To comply, each medication must be in **ORIGINAL PHARMACY LABELED CONTAINER** (including OTC medications).

MEDICATION 1: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

MEDICATION 2: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

MEDICATION 3: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

MEDICATION 4: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

MEDICATION 5: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

GENERAL INFORMATION

Family Physician _____ Phone (_____) _____

Physician's Address _____

Insurance Provider _____ Phone (_____) _____

Policy Number _____ Group Number _____

Additional Information: Anything we need to be aware of about you to help us make your time at camp safe and enjoyable.
(Ex: sleep walking, drug mood changes, etc.) _____

Perjury Statement

"Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly."

RELEASE AND WAIVER OF CLAIMS

If I should need emergency medical care or attention, Hesperus Baptist Camp (HBC) or any one of its agents or employees is hereby authorized to provide such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to me as is recommended or suggested by a health care professional.

If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that HBC will not be obligated to pay either the health care professional or me for any medical expenses incurred.

There are instances when third party contractors are used to operate and supervise various events and activities (such as whitewater rafting). In those instances, where third party contractors are used, I agree to hold harmless the third-party contractor and HBC for the action of these third-party contractors with respect to injury, disability, death, or loss or damage to person or property. I further agree that HBC is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity (including whitewater rafting and zip lines) is significant, including, but not limited to, the potential for permanent paralysis and death. While rules, equipment, and personal discipline may reduce this risk, the risk of severe injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my participation and observing of such recreational activity.

Furthermore, in consideration of being allowed to attend HBC, I hereby waive any and all causes of action, rights, claims or suits which I may have against HBC, its agents or employees as a result of injury to me, including, but not limited to: (1) injuries arising from participation in or observation of recreational activities at HBC, and (2) injuries arising from the decision of HBC or its agents or employees to consent to the provision of emergency medical care to me.

I give authority and permission to HBC, its employees, or its agents to inspect my belongings while at HBC.

Adult Signature _____ Date _____

Adult Name (Printed) _____

PHOTO RELEASE AUTHORIZATION

I understand that my image may be included in a video or in photographs that may be made at HBC. I consent that my image may appear on videos, promotional resources, camp-endorsed web sites, etc.

Adult Signature _____ Date _____

ADULT CONDUCT AGREEMENT

I understand that I am voluntarily participating in guiding and supervising campers in the experience of an exciting camp and that my actions and attitude affect others around me. I understand that there are rules and policies in place to protect me and my fellow sponsors/campers, and I agree to follow those rules and policies. I understand that this will be an intense, tiring, and rewarding week as I seek to have a positive impact in the life of others. I commit to have a blast, be an encourager to others, lovingly engage all campers and leaders, and to make this the most memorable week of my life and of the campers I guide!

Adult Signature _____ Date _____



Adult Sponsor/Leaders Reference Form

Hesperus Policy and Colorado Law require all Sponsors/Leaders at camp to provide three personal references. Please provide us with references from three individuals **not related to you**. Please have them complete their information **and remarks** on this form, or simply attach their information and remarks to this form. These references must accompany your Sponsor Registration Form at registration, or you will not be allowed to participate in camp.

This Sponsor Reference is for: _____

Reference #1

Name: _____

Date of Reference: _____ Relationship: _____

Comments of Reference (**must be completed**): _____

Reference #2

Name: _____

Date of Reference: _____ Relationship: _____

Comments of Reference (**must be completed**): _____

Reference #3

Name: _____

Date of Reference: _____ Relationship: _____

Comments of Reference (**must be completed**): _____



Child Protection Policies

Discipline Guidelines & Abuse Reporting

Under Colorado Statutes, Hesperus Camp is responsible for the safety and welfare of all of our campers/guests. Under our Residential Camp Childcare License all sponsors/leaders of our groups share in that responsibility as an extension of our camp staff. As such it is mandatory that the following policies be understood and agreed to.

GENERAL CONDUCT

- Possession or use of beverage alcohol in any form is prohibited. Possession or use of any drugs, other than by prescription or obtainable "over the counter" is prohibited. Possession or use of any lethal weapon is prohibited on camp. **Unless you are staying in a locked private room, all medications are required to be turned in to the first aid staff at registration.**
- Leaders will respond to children and youth with respect, consideration and equal treatment, regardless of sex, race, religion, sexual orientation, culture or socio-economic status. Leaders will portray a positive role model for children and youth by maintaining an attitude of respect, patience, and maturity. They will avoid even the appearance of favoritism.
- One-to-one conversations with children or youth will be done in an open or public or other place where private conversations are possible but occur in full view of others.
- Leaders are prohibited from dating, becoming romantically involved with, or having sexual contact with a child or youth.

CHILD DISCIPLINE

Discipline shall be constructive or educational in nature and may include such measures as diversion, separation from problem situations, talking with the child about the situation or praise for appropriate behavior.

1. Campers shall not be subjected to physical harm, fear or humiliation.
2. Campers shall not be punched, shaken, bitten, roughly handled, pinched or subjected to any physical punishment.
3. Separation, when used as discipline, shall be brief and appropriate to the camper's age and circumstances and the camper shall be within hearing range of an adult in a safe, lighted, well ventilated place (not a locked room or closet).
4. No camper shall be punished for toileting accidents.
5. Verbal abuse or derogatory remarks about the camper, their family, race, religion or cultural background are not allowed.
6. Meals may not be denied to the camper as a disciplinary measure.
7. Authority to punish shall not be delegated to another camper.
8. If a camper needs to be sent home the Executive Director of Hesperus Camp must be involved.

CHILD ABUSE REPORTING

Under the "Child Protection Act of 1987" (C.R.S. 19-3-301) in the Colorado Children's Code, child care center workers are required to report suspected child abuse or neglect. The law at 19-3-304 states that if a child care worker has "reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report or cause a report to be made of such fact to the county department or local law enforcement agency."

"Abuse" or "child abuse or neglect" means an act or omission in one of the following categories which threatens the health or welfare of a child: skin bruising, bleeding, tissue swelling, or death; any case in which a child *is* subjected to sexual assault or molestation, sexual exploitation, or prostitution; any case in which a child *is* in need of services because the child's parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take.

If at any time a staff member reasonably suspects child abuse, it *is* the responsibility of that staff member to report or to cause a report to be made of this suspicion to the **La Plata County Department of Human Services at 970-382-6150** or the **Sheriff's Office at 970-385-2900**. It *is* not staff's role to investigate suspected abuse--only to report it. Persons who make a good faith report are immune from civil and criminal liability. Additionally, the law provides for the protection of the identity of the reporting party.

A child care worker who fails to report suspected child abuse or neglect commits a class 3 misdemeanor and will be punished as provided in section 19-3-304(4)(a)(b), C.R.S. The staff person could also be liable for damages "proximately caused thereby."

I have read and understand the above requirements concerning my responsibility regarding child protection.

Printed Name

Signature

Date

CBI / FBI Fingerprint Background Check:

Go to: <https://www.coloradofingerprinting.com/cabs/>

Click on: "Applicants Click Here to Begin"

Create An Account if you are not in the system.

Once Login: Click "Place Order (shopping cart)"

Choose one method:

Colorado Fingerprint Site or Out of State

Find Location (Durango is 81301)

Find Location to have a FD-258 Fingerprint card done.

Select: Date and Time, then NEXT

Select: CBI CABS Fingerprinting

Select: CBI CABS Fingerprinting

Add CBI Unique ID: 2046DCLI, NEXT

Add CBI Unique ID: 2046DCLI, NEXT

Personal Information: Check and/or Fill In, NEXT

Personal Information: Check and/or Fill In, NEXT

Information for Finger Printing, Fill In

Information for Finger Printing, Fill In

Service Details, Check and add:

Service Details, Check and add:

Daycare License # 47760, NEXT

Daycare License # 47760, NEXT

Order Review: Check Everything, NEXT

Order Review: Check Everything, NEXT

Payment: Complete

Payment: Complete

Confirmation: You will receive and email and

Confirmation: You will receive and email and

Text, print Receipt (Order Number)

Text, print Receipt (Order Number)

Go To Appointment: be early

Mail Everything to:

Colorado Fingerprinting

Attn: CABS Fingerprint Processing

110 16th St. 8th Floor

Denver CO 80202

COST: \$54.50

COST: \$54.50 and maybe more

OR

Go to:

http://coloradoofficeofearlychildhood.force.com/oec/OEC_Providers?p=Providers&s=Background-Checks&lang=en

Go to "Colorado Applicant Background Services (CABS) Vendors"

Go to "Camps"

Fill out the form online

Use CONCI2046 for the CBI Account Number for Hesperus Baptist Camp

Use 47760 for Daycare License #

Set time to get the fingerprints run.

COST: \$54.50 OR MORE IF MAILING.

TRAILS Background Check:

Go to:

http://coloradoofficeofearlychildhood.force.com/oec/OEC_Providers?p=Providers&s=Background-Checks&lang=en

Go to: Child Abuse and Neglect Records Check, Colorado-based, and Out-of-State Applicants

Go to Facility Child Abuse and Neglect (Trails) Request (Colorado licensed facilities only)

Download the form and type in all required information. OR see attached PDF

Type up the information required (Handwritten will be returned)

Reason: Camp (Residential or Day)

Agency/Facility: Hesperus Baptist Camp

CDHS License Number: 47760

Address: 22265 Highway 140 Hesperus, CO 81326

Name: Bryan Maxey

Phone: 970-385-4389

Email: info@hesperuscamp.com

Sign the form (Not typed), make a copy for your records.

COST: \$35

Send to:

CDHS Attn: Trails BIU

1575 Sherman St. Garden Level

Denver, CO 80203-1714

Standard Precautions:

Go to: <https://coloradocprpros.com/course/online-standard-precautions-2020/>

Purchase first

Go to “Or log in to access your purchased courses”

Takes 90 minutes to complete

COST: \$20

OR

A free Standard Precautions is located at:

[Colorado Shines Professional Development Information System \(PDIS\) - \(costartstrong.org\)](https://costartstrong.org/)

I have not used this website; I believe you must create an account first.

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



COLORADO

Office of Early Childhood

Division of Early Learning Licensing
& Administration

Before Getting Started

The form MUST be typed. Handwritten forms will be returned.

- Use this form if you have a State of Colorado child care license number and need to request a child abuse and neglect background check (also referred to as a Trails request) for yourself or for an employee. If you do NOT have a State of Colorado child care license or are not licensed by the Division of Child Welfare Provider Services Unit, or if you are an individual going through the adoption or foster care process (i.e., not going through an agency), please submit an [Individual Child Abuse and Neglect \(Trails\) Request form](#).
- **This request form generates ONE Results Letter.** Results from this request are released to the person/agency/facility requesting the background check, NOT to the person being checked.
- **Adoption and Foster Care:** A TRAILS child abuse and neglect request is required for each individual being checked (BIU Applicant).
- A **\$35 NONREFUNDABLE** fee is required *for each Trails abuse/neglect background check request*. This fee only produces one results letter for each individual being checked (BIU Applicant).
 - If you choose to submit a credit card or e-check payment, you must submit your request online.
 - If you choose to submit your request online and pay by check, you must mail in your check or money order with a copy of your confirmation APP#.
 - If you choose not to submit your request online, you must mail your completed request and check or money order to:

Colorado Department of Human Services (CDHS)
Attn: Trails Background Investigation Unit (BIU)
1575 Sherman Street, Garden Level
Denver, CO 80203-1714

REQUIRED: Prior to submitting your request online or by mail, a copy of this completed request must be kept in your file.

- **If you choose to mail in a request and/or manually submit a paper check or money order, this will delay processing of your request, so please plan accordingly.** Requests are processed in the order they're received.
- Incomplete, handwritten, or unsigned child abuse/neglect background check request forms will be returned. If you have questions about which sections need to be completed or about how to complete a section, please call the Child Abuse/Neglect Background Investigation team at 303.866.2266. This is a monitored voicemail line. Calls are returned within two business days.
- Child abuse/neglect background checks do not require fingerprint cards so please do not send these with your request form.
- For detailed instructions and information about what to expect next, please visit the Office of Early Childhood website: <http://www.ColoradoOfficeofEarlyChildhood.com>. Please click the "For Providers" tab, and then select "Background Checks." Finally, select the "Colorado-based Applicants: Child Abuse and Neglect Records Check" drop down menu.

Request form begins on page 2

You do not need to print the form in color OR mail the instruction page (pg. 1) back.

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



COLORADO

Office of Early Childhood

Division of Early Learning Licensing
& Administration

Section A: Agency/Facility/Requestor Information (REQUIRED)

Select the reason for your request (*only select one*):

Child Care
Center

Preschool
Program

School Age
Program

Camp
(Residential
or Day)

Family Child
Care Home

Adoption/
Foster Care

Group
Home

Residential
Child Care
Facility (RCCF)

Day
Treatment
Center

Neighborhood
Youth
Organization

Guest Child
Care

Substitute
Placement
Agency

Results Letter Release Information

Who should the Results Letter be sent to? Do NOT enter the information for the person being checked. Only one copy of the Results Letter is sent to the person listed below. Results are not released to the person being checked. They are released to the agency/facility requesting the background check.

Agency/Facility Name (requesting the check)

CDHS License Number (REQUIRED)

Street Address or P.O. Box

City

State

Zip Code

First Name (Requestor)

Last Name

Phone #

Email Address (REQUIRED)

Section B: Person to be Checked (BIU Applicant) (REQUIRED)

This is the person being checked - NOT the person/facility/agency requesting the background check.

If any boxes do not apply or are unknown, please leave those boxes blank.

First Name

Middle Name (FULL NAME)

Last Name

Social Security #

Previous Names Ever Used (including maiden, middle, nicknames, etc.) - List ALL.

Date of Birth (MM/DD/YYYY)

Sex (M, F, X)

Race/Ethnicity (White, Black, etc.)

Phone #

Current Address

Street Address

City

State

Zip Code

Have you lived at your current address for 10 years or longer?

Yes

No

TEN years of residence history (including temporary residence) is required.

Previous Address

If you've lived in more places in the past 10 years than the space on this form allows, please provide additional residence history on a separate piece of paper and submit with your request form. Include your move-in and move-out dates.

Street Address

City

State

Zip Code

Move-In Date (Month, Year)

Move-Out Date (Month, Year)

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



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Section C: Spouse/Partner/Former Spouse (REQUIRED)

If any boxes do not apply or are unknown, please leave those boxes blank.

Information about ALL current and previous spouses is required to complete the child abuse/neglect background check. Information for ANY parent of your children is also required and must be entered in the next section.

Are you currently married?

Yes

No

Have you ever been married?

Yes

No

If you answered YES to ANY of the questions above, you must provide information for your current spouse/partner AND each former spouse/partner. If you have more than one person to provide information for, please provide the required information on a separate piece of paper and submit with your request form.

Spouse/Partner/Former Spouse Spouse First Name	Spouse/Partner/Former Spouse Middle Name (FULL NAME)	Spouse/Partner/Former Spouse Last Name
Previous Names <u>Ever</u> Used (including maiden, middle, nicknames, etc.) - LIST ALL		
Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)

Section D: Child Information (Includes Adult Children) (REQUIRED)

If any boxes do not apply or are unknown, please leave those boxes blank.

Information for ALL children must be provided below. This includes all living and deceased children, adopted children, and step children. Information for the other parent of your children is required and must also be entered below.

Do you have any children (including adult children, step children, etc.)?

Yes

No

Have you ever had guardianship of children that are not your own biological children (e.g., foster children)?

Yes

No

Have you ever lived in a home with any other children not referenced above?

Yes

No

If you answered YES to ANY of the questions above you must enter information about the child and the other parent below.

- Enter the full middle name (an initial is not acceptable).
- If you have more children than the space below allows for, please provide the required information on a separate piece of paper and submit with your request form.

D.1. Enter each child's information below. This includes adult children.

#	Child's First Name	Child's Middle <u>Name</u> (Full Name)	Child's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



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& Administration

D.2. Enter information for the other parent of the children listed above. This is the parent that is NOT you. If any boxes do not apply or are unknown, please leave those boxes blank.

#	Parent's First Name	Parent's Middle <u>Name</u> (Full Name)	Parent's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

Section E: Authorizations and Acknowledgements

Signature of Person Being Checked - **REQUIRED**

By signing below, I authorize the Colorado Department of Human Services (CDHS) to complete a search of child abuse and neglect reports. I confirm that the information I provided on this Trails child abuse/neglect background check request form is correct and accurate to the best of my ability. I understand that providing false or misleading information to the Colorado Department of Human Services could result in criminal prosecution. I am also releasing the results of the Trails background check to the agency/facility listed on this form. I understand that the results are ONLY sent to the agency/facility.

Signature (Parent/Guardian signature required if under 18 years of age) (Do not type)

Date