

## FORM A: Verification of Criminal Background Check

This form is to be completed by a supervisor who is knowledgeable regarding the applicant's Criminal Background Check. **Please return completed form directly to the Delaware Coalition Against Domestic Violence.**

Name of applicant: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Title of person completing this form: \_\_\_\_\_

Name of agency: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Criminal Background Check: \_\_\_\_\_

**Please give the outcome of the Criminal Background Check of the applicant.**

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PLEASE RETURN THIS FORM VIA MAIL,  
FAX OR EMAIL DIRECTLY TO:**

Delaware Coalition Against Domestic Violence  
Attn: DVS Certification  
100 W. 10<sup>th</sup> St., Suite 903  
Wilmington, DE 19801

Fax: 302-658-5049

Email: [training@dcadv.org](mailto:training@dcadv.org)