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

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

Delaware Coalition Against Domestic Violence

Attn: DVS Certification

100 W. 10th St., Suite 903

Wilmington, DE 19801

Fax: 302-658-5049

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

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|  |
| **Print Name** |
|  |
| **Signature** |
|  |
| **Date** |