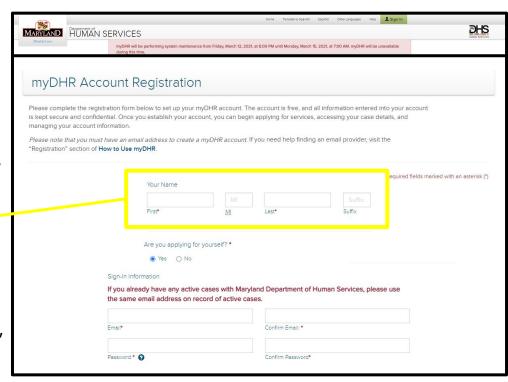
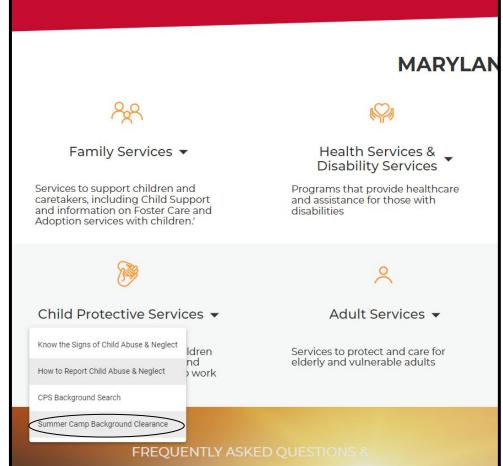
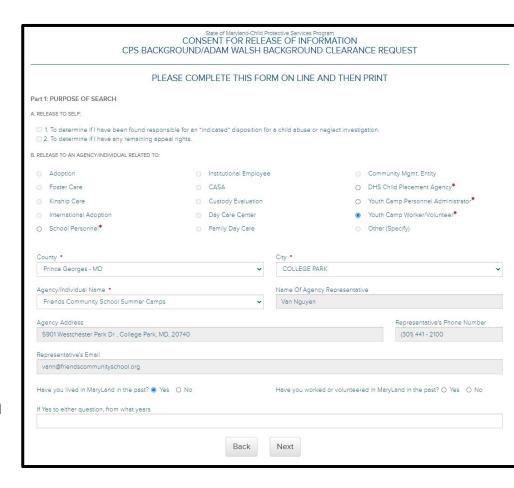
- Maryland Department of Health (MDH) requires FCS to obtain a CPS background check for all people working at a youth camp.
- Create a myDHR account
 - <u>Link to website</u>
 - https://mydhrbenefits.dhr.state.md. us/dashboardClient/#/register
 - This will be your personal account that adds you into the MDH system.
 - If you already have an MDH account, you may go ahead and sign in.



- From Home Page:
- Select "Child Protective Services"
 - Summer Camp Background Clearance
- This can also be found under the "Services" tab of the dashboard.
- The website is often updated in previous years, so it may be found in multiple locations.
- If there are any issues with completing this step, please contact the Camp Director and you may be able to fill out the form in person.



- Fill out these initial options:
 - A. Release to Self (N/A)
 - B. Youth Camp Worker/Volunteer
 - Prince Georges MD
 - College Park
 - Friends Community School Summer Camp
 - Auto-fills: Name of Agency
 Representative, Address, Phone
 Number, and email
- Please fill out the rest of the form with your personal information.



- After you've completed the form online, it will ask you to print the form for the next step.
- Do not sign the form at this time
- You will need to visit a Notary Public to complete this form.
 - In a typical year, FCS has an in-house notary public to perform this service.
 - This year, you will need to visit one.
 - UPS often has notary services available at their store locations.

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE
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Part III:	AUTHORIZATION				
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iivestig	ations and reports, rifered				
		(agency or individ	ual as listed in Part I) as to	whether a local	department of soci
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	has identified me as respond nd Department of Human F	onsible for "indicate			Salar Sa
	nd Department of Human F	onsible for "indicate Resources, any local	department of social s	ervices, and Chi	Id Protective Service
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PART IV	*****STOP**** *****PRINT TH SIGNATURE (If Applicant is under the signature above)	*REVIEW THAT HIS FORM BEFO ander age 16, must be signer VLEDGEMENT OF IN	department of social s ALL SECTIONS AR RE PROCEEDING T I by Applicant's parent/guardia	E COMPLETION DA	E**** TE
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My commission expires:

- After you've completed the form online, including having it notarized, please scan and upload a copy to your Ultracamp account (camp@friendscommunityschool.org).
- A notary is available at FCS if
- The original must be mailed or dropped off at Friends Community School.

Attn: Van Nguyen Friends Community School 5901 Westchester Park Drive College Park, Maryland 20740

	CITY	STATE	ZIP CODE	DATE
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art III: AUTHORIZATION				
ursuant to Code of Maryland Regul	lations § 07.02.07. pe	rtaining to the confid	entiality of Ch	ild Protective Service
vestigations and reports, I hereby				
	(agency or individual	as listed in Part I) as to w	hether a local	department of soci
ervices has identified me as respon	sible for "indicated"	child abuse or neglect	in any record	I maintained by the
Maryland Department of Human Re	sources, any local de	partment of social ser	vices, and Chi	ld Protective Service
*****STOP*****	REVIEW THAT AL	L SECTIONS ARE	COMPLET	E*****
*****PRINT THIS	S FORM BEFORE	PROCEEDING TO	PART IV*	
PART IV: SIGNATURE (If Applicant is under	er age 16, must be signed by	Applicant's parent/guardian)	DA	TE
Print name of signature above)				
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PART V: CERTIFICATE OF ACKNOWL	TE III	State of:		
Print name of signature above) PART V: CERTIFICATE OF ACKNOWL City/County of: Acknowledged before me this	TE III	State of:		
PART V: CERTIFICATE OF ACKNOWL	TE III	State of:		
PART V: CERTIFICATE OF ACKNOWL City/County of: Acknowledged before me this	TE III	State of:		

My commission expires: