



MD4 YOUTH PROTECTION & POLICY
RECEIPT OF CLEARANCE
REQUEST FOR VERIFICATION OF ITEMS

TO: MD 4-_____ Youth Protection Officer: _____

FROM: AREA _____ Youth Protection Officer: _____

The following individual has cleared the MD4 Background Check.

Cleared Volunteer	City

Please fill in the following information for the above-mentioned volunteer and return it to your Area Youth Protection Officer upon completion. **Please do not send documents. Only need the dates requested below.**

1. MD4 Volunteer Application: Date of application: _____
2. Date of Criminal Background Clearance: _____
3. Proof of TB Test Clearance: Date of Clearance: _____
4. Mandated Reporter Certificate: Date of Certificate: _____
5. If transporting youth:
 - A. Valid driver's license expiration date: _____
 - B. Valid automobile insurance expiration date: _____
 - C. Date of Driving Record: _____

MD4 recommends shredding all other documents sent to you and/or storing them on an encrypted flash drive. Make sure you keep a copy of the Volunteer Application.

Please return this completed form to your Area Youth Protection Officer via email:

- Area 1: Lion Melanie Hunter – mhunter@sdsengineering.com
- Area 2: *Vacant*
- Area 3: PDG Juanita Nichols – lionjuanitagn@gmail.com
- Area 4: PDG Manny Sanchez – lionmanny@gmail.com

If you have any questions, do not hesitate to contact your Area Youth Protection Officer.