



STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families
Sununu Youth Services Center

Form 2188
August 2013

Intern/Volunteer Orientation Notice of Understanding

Please read and sign the following:

I _____ received orientation materials on Sexual Abuse and
(Intern/Volunteer's Printed Name)
Sexual Harassment on _____
(Date)

I have been given the opportunity and have been encouraged to ask questions on the materials found in "A Guide to the Prevention and Reporting of Sexual Abuse for Interns, Contractors, Vendors, and Volunteers." brochure. (Form 2187)

I will tell staff if I have any problems reading, understanding, or if English is not my first language so that they may provide me with assistance.

Intern/Volunteer's Printed Name & Title

Date

Intern/Volunteer's Signature

Date



Jeffrey A. Meyers
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH & FAMILIES
SUNUNU YOUTH SERVICES CENTER

1056 NORTH RIVER ROAD, MANCHESTER, NH 03104
603-625-5471 FAX: 603-669-1203
TDD Access: 1-800-735-2964 www.dhhs.nh.gov

DHHS / SYSC

LIABILITY WAIVER

I, _____, hereby agree to release from liability and to hold harmless the State of New Hampshire, its agents, servants, or employees for any injuries that I may sustain as a volunteer or in connection with any services that I may provide at or for the Sununu Youth Services Center, 1056 North River Road, Manchester, NH 03104.

Signature

Date

Signature

Date

DCYF- INTERN/VOLUNTEER
CRIMINAL CHECK ONLY
Fingerprints Not Required

810018171



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

**NEW HAMPSHIRE HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION
DCYF INTERN/VOLUNTEER CRIMINAL CHECK ONLY**

Fee: \$10.00 (TO BE PAID BY APPLICANT)

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME

LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS

STREET CITY STATE ZIP CODE

DATE OF BIRTH HAIR COLOR EYE COLOR SEX

DRIVER LICENSE NUMBER STATE

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: DATE:
Signed under penalty of unsworn falsification pursuant to NH RSA 641:3

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Jenna Hannafin/ SYSC Permanency Department

NAME OF PERSON/FIRM TO RECEIVE RECORD

ADDRESS **1056 NORTH RIVER ROAD** **MANCHESTER** **NH** **03104**
STREET CITY STATE ZIP CODE

YOUR SIGNATURE: DATE:

NOTARY SIGNATURE (Affix Seal) DATE: (Comm. Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: Make checks payable to: State of NH – Criminal Records.

DCFY PURPOSE: Please check one: ☐ SYSC ☐ CPS ☐ JJS ☐ OTHER
Office location:

BUREAU OF HUMAN RESOURCES MANAGEMENT

Protection of Confidential Information

PURPOSE AND INTENT OF POLICY

The purpose of this policy is to make all Department of Health and Human Services (DHHS) employees aware of their responsibility to protect all confidential information and records within their control and for releasing information only to authorized agencies or individuals as provided for by law, rules, and regulations. This policy supplements but does not replace any current Division/Program policy regarding confidentiality nor prohibit any Division/Program from promulgating policies based on the unique needs of the Division/Program. In the absence of any Division/Program policy, this policy shall apply.

GENERAL POLICY STATEMENT

In the course of business, the Department of Health and Human Services receives, discloses and utilizes personal information of employees and clients for a variety of reasons. All personal, financial and health care information maintained by the DHHS will be considered confidential. DHHS will maintain privacy, confidentiality and integrity with regard to confidential information as required by state and federal laws, rules and regulations and professional ethics.

In the performance of their duties, DHHS employees may have access to confidential information and records of clients or other DHHS employees. Each employee is responsible for protecting all confidential information and records within his/her control and for releasing information only to authorized agencies or individuals as provided for by law, rules and regulations. Employees that deal specifically with health information in the provision of services to clients should refer to the department's HIPAA Privacy Policies and Procedures for specific procedures regarding access, disclosure and maintenance of health information. Requests for information under the Right to Know Law (NH RSA 91-A) or the Freedom of Information Act should be referred immediately to the Operations Support Unit, Bureau of Legal Services.

EMPLOYEE CONFIDENTIALITY AGREEMENT

- I understand that I may have direct or indirect access to confidential information in the course of performing my work activities.
- I agree to protect the confidential nature of all information to which I have access.
- I understand that there are state and federal laws and regulations that ensure the confidentiality of an individual's information.
- I understand that there are DHHS policies and agency procedures with which I am required to comply related to the protection of individually identifiable information.
- I understand that my failure to observe and abide by these policies and procedures may result in disciplinary action, as identified in the State of New Hampshire Personnel Rules.
- I understand how I am expected to ensure the protection of individually identifiable information. Should questions arise in the future about how to protect information to which I have access, I will immediately notify my supervisor.
- I have been informed that this signed agreement will be retained in my personnel file located in the Bureau of Human Resources for future reference.

SANCTIONS

Employees who do not comply with this policy shall be subject to disciplinary action as outlined in the Administrative Rules of the Division of Personnel.

I, _____ have read and understand this statement.
(print name)

Employee Signature

Date

Signature on file in the Bureau of Human Resources

Date Signed

Nicholas A. Toumpas, Commissioner



STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families

Form 2202a
April 2014

DCYF CENTRAL REGISTRY NAME SEARCH AUTHORIZATION
RELEASE OF INFORMATION TO THIRD PARTY

I hereby request the NH Department of Health and Human Services (NH DHHS) to conduct a name search to determine if I am listed on the Department's Central Registry of founded reports of child abuse and neglect. My full legal name, other names I have used in the past and other identifying information are listed below.

CURRENT FULL LEGAL NAME (please print legibly): _____

OTHER NAMES I HAVE USED, INCLUDING MAIDEN NAME (if applicable): _____

DATE OF BIRTH _____ TELEPHONE NUMBER _____
month day year

CURRENT MAILING ADDRESS _____

I acknowledge that the results of this search can only be released to myself or a Child-Placing Agency pursuant to NH RSA 170-E, the Department of Health and Human Services pursuant to NH RSA 170-G:8-c, or another state's Child Welfare Agency or Private Adoption Agency pursuant to NH RSA 169-C:35. I understand and authorize the results of this search to be provided to the person/agency listed below if in compliance with the aforementioned laws. Any entity listed below that is not governed under these laws will not be sent the results.

SIGNATURE: _____ DATE: _____

NAME AND ADDRESS OF PERSON AND AGENCY TO RECEIVE RESULTS Jenna Hannafin/SYSC Permanency Department
1056 North River Rd. Manchester N.H. 03104
number and street name city or town state zip code

State of _____, County of _____, ss.

On this the _____ day of _____, 20 _____, before me, _____, the undersigned officer,
(name of notary)
personally appeared _____, known to me (or satisfactorily proven) to be the person described
(name of person)

above, and acknowledged this instrument.

Signature of notarial officer: _____ My commission expires on: _____
In witness whereof I hereunto set my official seal.

For Official Use only

Mail form and **a self-addressed stamped envelope** to:

Division for Children, Youth and Families
DCYF Central Registry, Thayer Building
129 Pleasant Street Concord, NH 03301

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F: 49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you might find concerning me to: ***(This portion must be filled out in order to be processed.)***

Employer name: _____

Mailing address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

For Official Use Only

Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last name: _____ First name: _____ Middle Initial: ____

Mailing address: _____ City/State/Zip: _____

Telephone _____ Gender: ☐ Female ☐ Male

Also known by the following names (Maiden name, etc.):

Last name: _____ First name: _____ Middle Initial: ____

Last name: _____ First name: _____ Middle Initial: ____

Date of Birth: Month: _____ Day: _____ Year: _____ Social Security #: _____

(Required)

(Optional)

Position: _____ Select one: ☐ Applying ☐ Current Position

☐ Employee ☐ Consultant ☐ Volunteer ☐ Other: _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

(Required)

Fax to: (603) 271-6875 or Email: BEASStateRegistry@dhhs.nh.gov

or Mail to: BEAS State Registry, 129 Pleasant Street, Concord, NH 03301

***This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F: 49.**