

**OFFICE OF JUVENILE JUSTICE**

**DIANA SCREEN CONSENT FORM** The Office of Juvenile Justice is committed to protecting the youth we serve. The Diana Screen is a sexual risk screening test designed to help screen candidates for staff, contract provider, and intern positions with youth under the supervision or in the custody of Youth Services.

I hereby give my consent to take the Diana Screen as part of the Office of Juvenile Justices' selection process.

**I understand that:**

1. Failure to consent to and complete the Diana Screen will result in denial of a position working with Youth Services youth.
2. My Diana Screen test will be identified in the computer by a test identification number only. My name will not be attached to my answers or to the screen results.
3. My answers to the questions on the Diana Screen will NOT be seen by anyone with the Office of Juvenile Justice.
4. My answers will go directly to Abel Screening, Inc., in Atlanta, Georgia for scoring.
5. The results of the Diana Screen will be provided to the Office of Juvenile Justice and may be used as part of the agency's decision on whether I am selected.
6. Abel Screening, Inc. will use my answers without my name for research to protect children.
7. I am not entitled to the results of the Diana Screen.

I understand and agree to release Abel Screening, Inc. and the Office of Juvenile Justice from all liability for damages that may result from the use of the Diana Screen in the selection process for positions that work directly with, around, or provide care for children. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative of any nature.

\_\_\_\_\_  
Candidate's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature