

FOR VOLUNTEERS/CHAPERONES ONLY

CRIMINAL RECORD BACKGROUND CHECK INSTRUCTIONS FOR VOLUNTEERS

Some volunteers and chaperones must complete a criminal record background check process under the National Child Protection Act Program.

1. **Complete 2 forms: National Child Protection Act Program FBI National Record Check Release Form and Fingerprint Authorization Certificate.** The forms require that you bring at least two (2) valid forms of identification, one of which must be a photo identification, to have your identity verified and notarized by a school representative. **Do not sign the forms until you show your identification.**
2. Bring the forms, your identification and a **check or money order** (no cash) for **\$15.00** made payable to Washington Central Supervisory Union (WCSU) to your school.
3. **Call the Washington County Sheriff's Department** for an appointment to be fingerprinted. They are located at 10 Elm Street in Montpelier, 223-3001. (If this location is not convenient, please ask us about other approved sites.) **You must bring the Sheriff your Fingerprint Authorization Certificate signed by a WCSU representative in order to be fingerprinted.** There is a \$25.00 fee required at the time of fingerprinting.
4. It is the volunteer's responsibility to be re-fingerprinted as soon as possible if the FBI rejects their fingerprints. We will notify you if your prints are returned. Failure to cooperate could result in going off payroll until you comply.

If you have any questions, please contact WCSU 229-0553, ext 302.

FORM #10.3
Revised 3/19/12

VOLUNTEER APPLICATION FORM

WASHINGTON CENTRAL SUPERVISORY UNION

<input type="checkbox"/> Level 1 <input checked="" type="checkbox"/> Level 2

_____ School

THANK YOU for your interest in and willingness to volunteer at our school. We VERY much appreciate all the support the volunteers lend to our school community; you truly make our school what it is. We also appreciate our role as guardians of the children. Thus, we ask that all volunteers complete the following application to help us ensure the safety of our children. The completion of this form is required prior to having volunteers work with any of our children. The names of all volunteers are checked against the Vermont Internet Sex Offender Registry, the Vermont Child Abuse and Neglect Registry and the Vermont Vulnerable Adult Abuse and Neglect Registry. For some volunteer positions there is also a required criminal record check with the Vermont Criminal Information Center under the National Child Protection Act (NCPA).

All information is reviewed by the principal and will be kept strictly confidential. PLEASE PRINT

APPLICATION DATE: _____ NAME: _____

LIST ANY OTHER NAMES (ALIAS) YOU HAVE USED: _____

MAILING ADDRESS: _____

_____ E-MAIL: _____

TELEPHONE: _____ CELL PHONE: _____

BACKGROUND

Have you ever been convicted of a crime or misdemeanor? _____

Have you ever entered a plea of guilty or nolo contendere to a felony or misdemeanor charge? _____

Are there any charges pending against you in any jurisdiction at this time? _____

If the answer to any of the above questions is "Yes," please explain the circumstances of the conviction fully, including the specific charge, date, location of the offense and the court, and disposition of court proceedings. Attach a separate piece of paper if necessary.

REFERENCES

Please list name, address and phone number of at least three references (or attach letters of references):

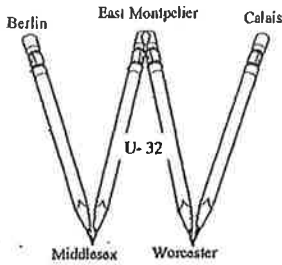
1. _____
2. _____
3. _____

hereby state the information contained on this form is complete and accurate.

hereby give my permission for the WCSU to perform all background checks required by law or board policy.

 Applicant's signature

 Date



Washington Central Supervisory Union

1130 Gallison Hill Road, Montpelier, VT 05602

Telephone No. (802) 229-0553

Fax No. (802) 229-2761

William Kimball
Superintendent

VERMONT CRIMINAL INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE

*****APPLICANT:** You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** submit your fingerprints to VCIC for processing without this form. *******

Agency Code: 00418

REASON FINGERPRINTED:

Adoption Education NCPA-Employment **NCPA-Volunteer** Secretary of State

NAME: _____
Last First Middle

MAIDEN/OTHER NAMES:

DOB: _____ **SSN:** _____

PLACE OF BIRTH:
_____ Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

CO HI IL MA MS MT NB NH RI UT WA WY

Applicant Signature: _____

I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: _____ **Date:** _____

IDENTIFICATION CENTER USE ONLY:

TVT: _____ **Date Printed:** _____

IDENT CENTER STAFF – Mail these forms to:

VCIC – 103 S. Main St, Waterbury VT 05671 Attn: Criminal Record Check Program

**VERMONT CRIMINAL INFORMATION CENTER
NATIONAL CHILD PROTECTION ACT PROGRAM
FBI NATIONAL RECORD CHECK RELEASE FORM**

Qualified Entity	<i>Washington Central Supervisory Union</i>		
Applicant	Last	First	Middle
Maiden or Alias Names			
Social Security #	- -		
Place of Birth	City/Town	State	Country
Date of Birth	Month	Day	Year
Applicant's Telephone #	Include Area Code and Number		
RELEASE			
<p>I, _____, hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the FBI. I understand that the results of that check will be made available to <u>Washington Central Supervisory Union</u> for use in reviewing my suitability for employment (as a <i>volunteer/chaperone</i>). I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.</p>			
Signature of Applicant		Date	
Identity verified by:		Date	
NOTARY			
<p>_____ personally appeared before me and satisfied me that s/he is the person named in and who signed this Release Form. Thereupon s/he acknowledged the signing of this Release Form as his/her act and deed for the uses and purposes expressed in this document.</p>			
Printed Name of Notary		Notary Signature	
Commission Number		Commission Expires	