

VOLUNTEER

FORMS

LEVEL 2

(Requires fingerprinting)

FOR COACHES.

Please check in with Candi Smith,
CES Athletic Director (csmith@u32.org)
(505-0555)
OR Sue Cioffi, CES Office to complete
this packet. Thank you!

VOLUNTEER APPLICATION FORM
WASHINGTON CENTRAL SUPERVISORY UNION

Calais Elementary School

For School
Use Only:

Level 1
 Level 2

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. _____

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

I 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
Voice: (802) 229-0553 Fax: (802) 229-2761

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. 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 \$10.75 made payable to Washington Central Supervisory Union (WCSU) to your school to be processed.
3. Once you have completed Step #1 and #2, 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 school or 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.

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

FORM #10.3
Revised 1/23/17

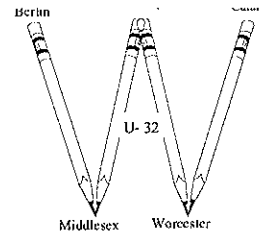


CES will reimburse COACHES. Please provide a receipt from your fingerprint appointment. We will photocopy your \$10.75 check as the other receipt.

Washington Central Supervisory Union

1130 Gallison Hill Road
Montpelier, VT 05602
Phone (802) 229-0553
Fax (802) 229-2761

William Kimball
Superintendent



WCSU exists to nurture and inspire in all students the passion, creativity and power to contribute to their local and global communities.

VERMONT CRIME INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE
45 State Drive, Waterbury, VT 05671

*****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: _____ GENDER: FEMALE MALE

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)

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT NB(NE)
NV NH NM OH OR PA RI SC TN UT WV 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: _____

ATTN: ID Center's the following fields are required *before prints can be taken

**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

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 Washington Central Supervisory Union for use in reviewing my suitability for employment (as a *volunteer/chaperone*). 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.

Signature of Applicant	Date
Identity verified by:)	Date

NOTARY

_____ 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.

Printed Name of Notary	Notary Signature
Commission Number	Commission Expires