

VOLUNTEER

FORMS

LEVEL 2

(Requires fingerprinting)

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.

- ❖ The school will reimburse volunteer coaches for level 2 background check costs. Provide a receipt from your fingerprint appointment to the office. The school will have made a copy of the \$10.75 check as documentation of other payment.

VOLUNTEER APPLICATION FORM

WASHINGTON CENTRAL SUPERVISORY UNION

Bonnie Elementary School

For School Use Only:	<input checked="" type="checkbox"/> Level 2
	<input type="checkbox"/> Level 1

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 _____



Agency of Human Services
 Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306
 AND
 Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

(This form is for use with the ON-LINE registry checking system ONLY)
 ***This consent form must be filled out completely and signed by the current employee, prospective employees, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor or Volunteer Information

Full Name: LAST FIRST Middle Initial

Gender: Last 4 Digits of Social Security #: XXX-XX-

Address:

Phone number: Birth Date: Place of Birth: City, State, Country

Other FIRST names I have used, if any (i.e. Nicknames, Aliases): (Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): (Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to **ELMENTARY SCHOOL** (Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature _____ Date _____

Last Modified: 09/28/2009 14:23:33 PM

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 #			
<p>RELEASE</p> <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 <i>Washington Central Supervisory Union</i> for use in reviewing my suitability for employment (as a <i>volunteer/chapone</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		Identify verified by:		Date	
<p>NOTARY</p> <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	



School or A.D. office

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

TVT: _____ Date Printed: _____

IDENTIFICATION CENTER USE ONLY:

Agency Staff Signature: _____ (Date: _____)
 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.

Applicant Signature: _____

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

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

TELEPHONE NUMBER: _____

Town _____ State _____ County _____

PLACE OF BIRTH: _____

DOB: _____ SSN: _____ GENDER: _____ FEMALE _____ MALE _____

MAIDEN/OTHER NAMES: _____

NAME: Last _____ First _____ Middle _____

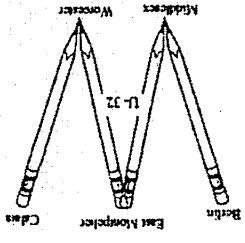
REASON FINGERPRINTED: Adoption Education NCPA-Employment NCPA-Volunteer Secretary of State

* Agency Code: 00418

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.

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

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



William Kimball
Superintendent

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Washington Central Supervisory Union