

VOLUNTEER

FORMS

LEVEL 2

(Requires fingerprinting)

Volunteer Welcome Letter

Here at WCUUSD we take the safety of our children very seriously. Pursuant to the passage of S. 13, an act related to improving Vermont's sexual abuse response system, the Washington Central Unified Union School District Board of Directors developed a "*Volunteers and Work Study Students Policy*", and a "*Volunteers & Work Study Students Procedures*".

As a result of these policies and procedures, our supervisory union will be conducting certain background checks and registry searches on volunteers.

Volunteers will serve in two capacities. Level 1 volunteers serve in capacities that will be under supervised conditions (parent visiting classrooms while a teacher is present). Level 2 volunteers serve in capacities where they will be in unsupervised conditions (chaperoning overnight field trip, coaching or mentoring students without a teacher present). The school principal will determine the classification of each volunteer as a Level 1 or Level 2 volunteer.

Level 1: The screening process will include a check of the name of the volunteer through the following database resources to include the Vermont Agency of Human Services for the Vermont Child Abuse & Neglect Registry and the Vulnerable Adult Abuse and Neglect Registry, Vermont Sex Offender Registry, National Sex Offender Public website to determine if there is a substantiated claim against the person, Agency of Education Disciplinary Actions and Vermont Criminal Information Center.

A person who is on the Vermont Sex Offender Registry shall not be eligible to be a volunteer. A person found to have a substantiated claim on either of the other registries will be able to appeal their listing on either of these registries to the Agency of Human Services. The volunteer will not be allowed to volunteer as long as their name remains on the registry.

Level 2: The screening process will include all of the checks described in Level 1 **AND** they will need be fingerprinted and have a National Child Protection Act (NCPA) check through the Vermont Criminal Information Center (VCIC).

The superintendent shall maintain such records in accordance with the state law.

VOLUNTEER APPLICATION FORM
WASHINGTON CENTRAL UNIFIED UNION SCHOOL DISTRICT

Level 2 NCPA

School _____

Date of Application: _____

- Activity _____
 Coaching _____
 Mentor Other _____

Relationship to _____

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 Sex Offender Registry, the Vermont Child Abuse and Neglect Registry, the Vermont Vulnerable Adult Abuse and Neglect Registry, Agency of Education, and National Sex Offender website per 16 VSA § 255. 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

NAME: _____

OTHER NAMES (ALIAS) YOU HAVE USED:

ADDRESS: _____

TELEPHONE: _____

CELL PHONE: _____

E-MAIL: _____

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 WCUUSD to perform all background checks required by law or board policy.

Applicant's signature

Date



Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060

AND

Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, 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 employee, 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:

Address:

Last four digits of social security number: XXX-XX

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:

(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date

WASHINGTON CENTRAL UNIFIED UNION SCHOOL DISTRICT
1130 Gallison Hill Road, Montpelier, VT 05602
Voice: (802) 229-0553 Fax: (802) 229-2761

(Effective January 1, 2025)
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** (or cash) for **\$10.00 made payable to Washington Central Unified Union School District (WCUUSD)** 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 school or WCUUSD representative in order to be fingerprinted.
There is a \$35.00 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.

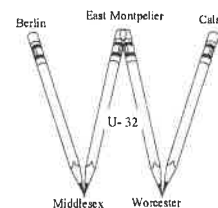
If you have any questions, please contact WCUUSD 229-0553, ext 1317.

Washington Central Unified Union School District

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

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Montpelier, VT 05602
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Fax (802) 229-2761

Steven Dellinger-Pate
Superintendent



VERMONT CRIME 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: 02070

REASON FINGERPRINTED: (CHECK ONLY ONE)

Adoption Education NCPA-Employment NCPA-Volunteer Secretary of State

NAME: _____
Last First Middle

MAIDEN/OTHER NAMES: _____

DOB: _____ SSN: _____ GENDER: FEMALE MALE OTHER

PLACE OF BIRTH: _____
Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont, I have resided or been employed in the states circled below:

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

I certify that I have read the Privacy Act Statement attached and acknowledge the authority, purpose and uses for which my fingerprints are being taken as described in that statement.

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: _____

Print Name/Title: _____

IDENTIFICATION CENTER USE ONLY:

TVT: _____ Date Printed: _____

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

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

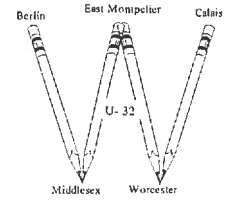
Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

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Steven Dellinger-Pate
Superintendent



NCPA REQUEST FOR CRIMINAL RECORD CHECK (National Child Protection Act)

Applicant: _____
Last Name First Name Middle Name

Maiden or other names used: _____

Address: _____

Gender: _____ Race: _____ Social Security Number: _____

Place of Birth: _____
City/Town State Country

Date of Birth: _____ Telephone Number: _____
Month/Day/Year Area Code/Number

I, _____, hereby acknowledge and agree to a check of any record of criminal convictions per the National Child Protection Act, which may be maintained by the Vermont Crime Information Center, criminal record repositories of other states where I have been employed, volunteered or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following states:

I understand that the results of that check will be made available to: Washington Central Unified Union School District for use in reviewing my suitability for employment or volunteering. I further understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings in writing to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

Signature of Applicant: _____ Date: _____
(Signed in the presence of agency official **or** notary)

Identity Verified By: _____ Date: _____
(Signed by official making identification)