



Fingerprinting Requirements for School Volunteers

Dear Valued Volunteer,

You are receiving this memo as a Volunteer in a Commonwealth of Massachusetts school district. Massachusetts law states that School employers may review the results of a national criminal history check for certain individuals who may have direct and unmonitored contact with children, including volunteers.

The Massachusetts Department of Elementary and Secondary Education (DESE), the Department of Early Education and Care (DEEC), and the Executive Office of Public Safety and Security (EOPSS) have partnered with MorphoTrust USA to implement the Statewide Applicant Fingerprint Identification Service Program (SAFIS) and is working to provide applicants with fingerprinting enrollment centers throughout the Commonwealth of Massachusetts.

Step 1: First register online for an appointment to have your fingerprint taken by visiting www.L1enrollment.com.

Once on the website:

- click on **Get Fingerprinted**,
- select a **State**,
- select **Digital Fingerprints**,
- Schedule a New Appointment**,
- select agency **Pre K-12 grade Education ESE**,
- All other school personnel.**

You will need the following information to complete your application:

- Provider ID: **04880000**
- Applicant Employer Information:
 - South Shore Charter Public School**
 - 781-982-4202**
 - 100 Longwater Circle, Norwell, MA 02061**
- Employer Contact Name: Kristine Bingham
- Employer Occupation: Director of Finance

Step 2: Please print the confirmation page and take note of the identification you will need to bring with you to the fingerprinting center. The fee for non-licensed personnel is \$35. You may pay by credit card online or in person, cash is not accepted.

Step 3: Bring your receipt and a completed Check Request Form to the SSCPS front desk so that we may process your reimbursement. Your reimbursement check will be mailed to the address you provided.

If you have any questions or difficulties in completing your registration, please let me know, and we will help in any way that we can. Thank you for Volunteering!

Sincerely,

Kristine Bingham



**South Shore Charter Public School
Volunteer Fingerprint Reimbursement**

The original itemized receipt **must** accompany this form.

Date: _____

Amount: **\$35**

Name: _____

Street: _____

PO Box: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Office Use ONLY

Approval Signature

Date