

**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 \_\_\_\_\_

Relationship to \_\_\_\_\_

☐ Coaching \_\_\_\_\_

☐ Mentor ☐ Other \_\_\_\_\_

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 \_\_\_\_\_

# 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.



AND

**Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401**

***This form is for use with the ON-LINE registry checking system ONLY***

### Current or Prospective Employee, Contractor, or Volunteer Information

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)

(Print Organization Name)

Date \_\_\_\_\_

AHS      AOE      NSO      VSO      VCIC      L2 & T16 Print rcv'd

# Washington Central Unified Union School District

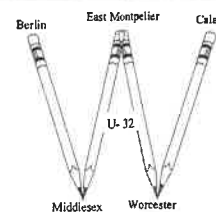
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*WCUUSD exists to nurture and inspire in all students the passion, creativity and power to contribute to their local and global communities.*

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

JoAn Canning/John Alberghini  
Co-Interim Superintendents



## **FOR VOLUNTEERS/CHAPERONES ONLY**

### Criminal Record Background Check Instructions

*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, money order or cash for \$13.00 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 can be reached at 223-3001. If this location is not convenient, please ask us about other approved sites. You must bring the Sheriff your original Fingerprint Authorization Certificate signed by a school representative in order to be fingerprinted. There is a \$35.00 fee required at the time of fingerprinting payable to the Sheriff's Department.
4. It is the volunteer's responsibility to be re-fingerprinted as soon as possible if the FBI rejects the fingerprints. We will notify you if your prints are returned. Failure to cooperate could result in not being allowed to volunteer or chaperone.

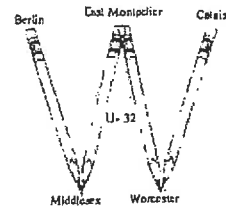
If you have any questions, please contact Human Resources at 802-229-0553.

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## **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: \_\_\_\_\_

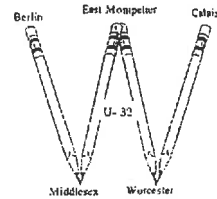
**ATTN: ID Center's the following fields are required \* before prints can be taken**

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### 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)