

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

(Effective October 1, 2016)
FOR VOLUNTEERS/CHAPERONES ONLY

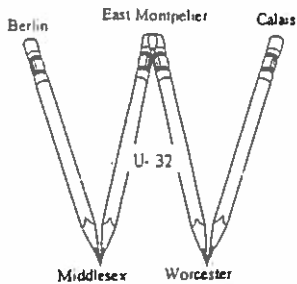
CRIMINAL RECORD BACKGROUND CHECK INSTRUCTIONS FOR VOLUNTEERS

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** (no cash) for **\$10.75** made payable to **Washington Central Supervisory Union (WCSU)** 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 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. Failure to cooperate could result in going off payroll until you comply.

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

FORM #10.3
Revised 9/29/16



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William Kimball
Superintendent

VERMONT CRIMINAL 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: 00418

REASON FINGERPRINTED:

Adoption Education NCPA-Employment **NCPA-Volunteer** Secretary of State

NAME: _____
Last First Middle

MAIDEN/OTHER NAMES:

DOB: _____ SSN: _____

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)

CO HI IL MA MS MT NB NH RI UT WA 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: _____

IDENT CENTER STAFF – Mail these forms to:

VCIC – 103 S. Main St, Waterbury VT 05671 Attn: Criminal Record Check Program

U\MY DOCUMENTS\FORMS\FORMS ON WEB\VOLUNTEERS FORMS\CRC Fingerprint Authorization Certificate - Volunteer Doc
Revised 10/22/08

**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			
<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 <u>Washington Central Supervisory Union</u> for use in reviewing my suitability for employment (as a <i>volunteer/chaperone</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	
Identity verified by:		Date	
NOTARY			
<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	