



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
Division of State Police

Volunteer and Employment Criminal History System
Waiver and Consent Form

The criminal history record checks performed under the National Child Protection Act (NCPA), as amended by the Volunteers for Children Act (VCA), will determine if you, as a care provider (current or prospective employee, volunteer, contractor/vendor, or owner/operator), have been convicted of crimes that bear upon your fitness to be responsible for the safety and well-being of children (persons less than 18 years old), the elderly (persons 60 years of age or older), or individuals with disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks). Pursuant to the NCPA/VCA, this form must be completed and signed by every current or prospective provider for whom criminal history records are requested by a **Nongovernmental Qualified Entity (QE)**. QEs provide care, treatment, education, training, instruction, supervision, recreation, care placement services, or license/certify others who provide care to vulnerable populations (children, the elderly, or individuals with disabilities).

Requesting QE Information:

QE Name	
QE Address	
QE Telephone Number	

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor Owner/Operator

I have been convicted of or pled guilty to a crime. No Yes
 If yes, please provide a description of the crime and the particulars of the conviction on the back of this waiver.

I hereby authorize the requesting QE to submit a set of my fingerprints to the Connecticut State Police Bureau of Identification (SPBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I further understand the following:

- My fingerprints will be used to check the criminal history records of the SPBI and the FBI;
 - I can receive a state criminal history record from the SPBI and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30-16.34;
 - I am entitled to challenge the accuracy and completeness of any information contained in such records;
 - The QE may choose to deny me unsupervised access to persons to whom the QE provides care until the criminal history record check is completed; and
 - I may obtain a prompt determination as to the validity of my challenge before a final decision is made.
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By signing this Waiver, it is my intent to authorize the dissemination of any state or national criminal history record which may pertain to me, to the requesting QE. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

*Printed Name: _____ Signature: _____

*Date of Birth: _____ *Address: _____

*as it appears on a valid identification document issued by a governmental agency

NOTE: The original waiver must be retained by the QE for at least one year of fingerprint submission date. A copy of the waiver must be sent to the State Police Bureau of Identification, Criminal Records Units, at 1111 Country Club Road, Middletown, CT 06547.