



DINWIDDIE COUNTY PUBLIC SCHOOLS

VOLUNTEER RESPONSIBILITY CHECKLIST

PLEASE COMPLETE ALL DOCUMENTS LISTED BELOW UNLESS OTHERWISE INSTRUCTED.

- Print this document and all other documents listed under Required Volunteer Documents.
- All forms must be completed and turned in to the Human Resources Office prior to volunteering at Dinwiddie County Public Schools.
- If you do not have access to a printer, you may complete the forms, save to a flash drive and bring to the Human Resources office or schedule an appointment to complete your forms at the Human Resources office.
- The Human Resources Office is located in the Pamplin Administration Building, [14016 Boydton Plank Road, Dinwiddie, VA 23841](#)
- Required Volunteer Documents may be submitted any time [Monday – Friday, 8:00 a.m. to 4:00 p.m.](#) in the Human Resources Office. No appointment is necessary if all forms have been completed. We cannot accept any paperwork through email.
- If you have any questions about these requirements, you may contact Human Resources by email or phone.

<input type="checkbox"/>	<i>Volunteer Responsibility Checklist</i>	<ul style="list-style-type: none"> ● Print this checklist as the cover page for your packet.
Required Volunteer Documents		
<input type="checkbox"/>	<i>Background and Criminal History Record Search (FBI Fingerprint LIVE SCAN)</i>	<ul style="list-style-type: none"> ● All School Division volunteers are required to undergo an FBI Fingerprint and Criminal Background Investigation, conducted at the Dinwiddie County Public Safety building. The LIVE SCAN card is not available online. Volunteers may pick one up in the Human Resources Office. ● The search will disclose convictions nationwide and the <i>results must be received before volunteering.</i> This could take 6-8 weeks if there is any arrest or conviction history.
<input type="checkbox"/>	<i>Central Registry Release of Information (CPS Form)</i>	<ul style="list-style-type: none"> ● All School Division volunteers are required to have a Child Offender Background Investigation before volunteering. ● DO NOT SIGN this form before coming to HR; we will notarize it for the volunteer. ● NO FEE IS REQUIRED. ● Answer all questions completely and accurately by typing or printing clearly in black ink. ● Forms that contain strike outs, correction tape, or "white-out" will be returned. ● All sections MUST BE completed. If left blank the form will be returned. ● If a middle name is an initial, indicate "initial only" otherwise, enter a full birth middle name. If, no middle name, write "NMN". ● If any answer is none, write "N/A", except for maiden name (leave blank) and middle name (write "NMN"). ● If extra space is needed to complete the form (i.e., providing information on addresses, spouses, and children), attach an additional sheet along with the form to be mailed.

<input type="checkbox"/>	<p><i>Employee Demographic Record</i></p>	<ul style="list-style-type: none"> ● All School Division volunteers need to complete the top portion of this form with their contact information, as well as, their emergency contact information. ● The remainder of the form (<i>gender, date of birth, marital status, ethnicity, education and veteran status</i>) is voluntary. Pursuant to federal regulations, we collect responses to these questions for record keeping/statistical purposes only. Federal law prohibits unlawful discrimination based on race, color, sex, age, national origin, religion, or disability. ● Volunteers may provide future updates to HR.
<input type="checkbox"/>	<p><i>Physician's Certificate (Tuberculin Screening)</i></p>	<ul style="list-style-type: none"> ● All School Division volunteers must provide proof of a negative tuberculin test dated within one year of the volunteer's start date. ● Volunteers who have not had a recent TB test are expected to have the screening performed and documented on the certification form. ● Dinwiddie County Public Schools does not pay for the cost of the TB test. Volunteers may use a doctor or facility of their choice at their own expense. ● A volunteer's TB test must be completed before bringing their documents into HR.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">• Receipt for a replacement of a lost, stolen, or damaged List A document.• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.• Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

~~Search Fee \$10.00~~

INSTRUCTIONS

Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

Read all instructions before completing the form: (Incomplete forms will be returned)

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate "initial only" otherwise, enter a full middle name given at birth.
3. For "other names used" list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write "N/A".
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier's check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)

All money orders, company/business checks, or cashier checks should be made payable to:
Virginia Department of Social Services.

Personal checks and cash will not be accepted.

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services
Office of Background Investigations - Search Unit
801 East Main Street, 6th Floor
Richmond, VA 23219-2901**

Search Fee \$10.00

Purpose of Search, Check one:					
<input type="checkbox"/> Adam Walsh Law	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Babysitter/Family Day Care			
<input type="checkbox"/> CASA	<input type="checkbox"/> Children's Residential Facility	<input type="checkbox"/> Custody Evaluation	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Foster Parent	
<input type="checkbox"/> Institutional Employee	<input type="checkbox"/> Other Employment	<input type="checkbox"/> School Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other	

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name			Payment/FIPS Code (Use only if assigned by OBI-CRU)		
Address					
City	State	Zip			
Contact Name		Tel.#	Ext	Mandatory if agency code has been assigned	
Contact E-Mail					

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

Last Name	First Name	Full Middle Name – (given at birth) - No initials (if middle name is an initial, indicate "Initial Only")			
Maiden Name (last name before marriage)	Sex	Date of Birth (MM/DD/YYYY)		Race	
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Driver's License Number or ID #	Social Security Number	Other names used; nicknames, legal names (refer to instruction page)			
Current Address (Include Street # and Apt #)		City	State	Zip	

Applicant's Prior Addresses

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

Marital Status Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



Search Fee \$10.00

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person whose name is being searched
(Sign in presence of Notary)

Parent or Guardian signature required for minor
children under the age of 18

PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, year _____

Notary Public Signature **Botary Number**

My Commission Expires: _____

Notary Seal

PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. _____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept. of Social Services in reference to referral _____ phone# _____

_____ Dept. of Social Services in reference to referral _____ phone# _____

3. _____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI Staff Only



DINWIDDIE COUNTY PUBLIC SCHOOLS

HUMAN RESOURCES DEPARTMENT

EMPLOYEE DEMOGRAPHIC RECORD

NAME _____
First Name, Full Middle Name, Full Last Name

EMAIL ADDRESS _____

POSITION _____

LOCATION _____

SOCIAL SECURITY NUMBER _____

TELEPHONE _____
(Include Area Code)

ADDRESS _____

CITY _____

STATE _____ ZIP _____

IN AN EMERGENCY PLEASE NOTIFY

NAME _____ TELEPHONE _____
(Include Area Code)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

RELATIONSHIP _____
(Spouse, parent, child, other)

The Dinwiddie County School Board is an equal opportunity employer. Subject to Title VI and Title VII of the Civil Rights Act of 1964 and the Uniformed Services Employment and Reemployment Rights Act (USERRA), the Dinwiddie County School Board may be required to submit reports to federal, state or legal entities to identify the number of our employees belonging to each specified protected veteran category, gender and race/ethnicity category.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided will be kept confidential, maintained separate from other personnel records and only accessed by the human resource department.

Gender ☐ Female ☐ Male Date of Birth _____ MARITAL STATUS Married ☐ Single ☐
(Month/Day/Year)

CHECK (✓) THE RACIAL OR ETHNIC GROUP WITH WHICH YOU IDENTIFY

- ☐ **White (not Hispanic or Latino)** *(A person having origins in any of the original peoples of Europe, the Middle East or North Africa)*
- ☐ **Black (not Hispanic or Latino)** *(A person having origins in any of the black racial groups of Africa)*
- ☐ **Hispanic or Latino** *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)*
- ☐ **Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** *(A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands)*
- ☐ **Asian (not Hispanic or Latino)** *(A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)*
- ☐ **American Indian or Alaska Native (not Hispanic or Latino)** *(A person having origins in any of the peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)*
- ☐ **Other** _____

CHECK (✓) THE HIGHEST LEVEL OF EDUCATION COMPLETED (Check only one)

- ☐ Less than 8th Grade
- ☐ Completed 8th Grade
- ☐ Attended High School
- ☐ High School Graduate or Equivalent
- ☐ Attended College and/or Associate's Degree
- ☐ College Graduate
- ☐ Attended Graduate School
- ☐ Master's Degree
- ☐ Graduate Study beyond Master's Requirements
- ☐ Ph. D. or Professional Degree

PROTECTED VETERANS (choose ALL that apply)

- ☐ **Active duty wartime or campaign badge Veteran** (a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.)
- ☐ **Armed Forces Service Medal Veteran** (any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159.)
- ☐ **Disabled Veteran** (a veteran of the U.S. military, ground, naval or air service who (1) is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) was discharged or released from active duty because of a service-connected disability.)

If you are a disabled veteran, it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

- ☐ **Recently Separated Veteran** (a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.)
- ☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- ☐ I am NOT a protected veteran.

Signature _____ Date _____

Dinwiddie County Public Schools
14016 Boydton Plank Road, P.O. Box 7
Dinwiddie, Virginia 23841
(804) 469-4190



Dinwiddie County Public Schools
14016 Boydton Plank Road / P.O. Box 7
Dinwiddie, Virginia 23841

**PHYSICIAN'S TUBERCULOSIS CERTIFICATION
FOR EMPLOYEES OF
DINWIDDIE COUNTY PUBLIC SCHOOLS**

"As a condition to employment, every public school employee, including without limitation teachers, cafeteria workers, janitors and bus drivers, shall submit a certificate signed by a licensed physician, or by a registered nurse licensed pursuant to Article 2 (§ [54.1-3016](#) et seq.) of Chapter 30 of Title 54.1, stating that such employee appears free of communicable tuberculosis. Such certificate shall be based on recorded results of such skin tests, X-rays and other examinations, singly or in combination, as are deemed necessary by a licensed physician that have been performed within the twelve months' period immediately preceding submission of the certificate. After consulting with the local health director, any school board may require the submission of such certificates annually, or at such intervals as it deems appropriate, as a condition to continued employment."

Code of Virginia § 22.1-300

Name of Employee _____ Sex _____ Birth Date _____

Address of Employee _____

**In compliance with State law, on the basis of chest x-ray, tests and/or examinations, I hereby
certify that the above named is believed free of communicable tuberculosis as of this date.**

Signature of Health Care Provider _____

Address of Health Care Provider _____

Phone Number of Health Care Provider _____

Date of Examination _____

I am a licensed health care provider in _____, United States of America.
(State or District)

This form MUST be returned to the Human Resources Department, Dinwiddie County Public Schools



COMMONWEALTH OF VIRGINIA

DEPARTMENT OF STATE POLICE

National Criminal Record Request for Employees or Volunteers Providing Care to Children, the Elderly, or Disabled under the National Child Protection Act and the Volunteers for Children Act

Pursuant to the National Child Protection Act of 1993, as amended, this form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom national criminal history records are requested by a qualified business/organization under these laws.

Instructions to the Applicant/Volunteer and Qualified Business/Organization:

- **Applicant** must provide name, address and date of birth and sign the disclosure in Section I. Optionally, the Applicant may complete and sign the Waiver Agreement and Statement in Section I. One Applicant Fingerprint Card (FD-258) must be completed and submitted with this form.
- **Qualified Business/Organization** must complete all information in Section II. Complete payment information in Section III. Mail a *copy* of this completed form and Applicant Fingerprint Card (FD-258) with payment to: Virginia State Police, Non-Criminal Justice, P.O. Box 85076, Richmond, VA 23285-5076. This signed *original* form must be retained by the qualified business/organization. If the fingerprint card is mailed to VSP, a *copy* of this form should be attached.

SECTION I. APPLICANT OR VOLUNTEER – PLEASE READ THOROUGHLY

The qualified business/organization named below is entitled by §19.2-392.02 of the Code of Virginia to:

1) obtain a copy of any criminal history record I may have, 2) obtain a prompt determination as to the validity of criminal record(s) I may have before a final employment determination is made and 3) prior to the completion of the criminal records search the qualified business/organization may choose to deny me unsupervised access to children, the elderly, or disabled for which the entity provides care.

I am a current prospective (check one): ☐ Employee ☐ Volunteer

Printed Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

APPLICANT/VOLUNTEER DISCLOSURE

By virtue of my signature I certify the name, address, and personal descriptive information is accurate as recorded on this document and fingerprint impressions belong to me. I am apprised of the right to obtain and/or challenge the accuracy/completeness of the information contained in a criminal history record and may initiate a challenge by following the directions recorded on the reverse side of this form.

Signature: _____ Date: _____

WAIVER AGREEMENT AND STATEMENT - OPTIONAL

I hereby authorize (**Enter Name of Qualified Business/Organization**) _____ to submit a set of my fingerprints through the fingerprint vendor or mail along with this form to the Virginia State Police (VSP), for the purpose of accessing and reviewing Virginia and national criminal history records that may pertain to me directly from the Virginia Central Criminal Records Exchange (CCRE) pursuant to Virginia Code §19.2-389. By signing this optional Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the qualified business/organization with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

Signature: _____ Date: _____

SECTION II. TO BE COMPLETED BY QUALIFIED BUSINESS/ORGANIZATION

I hereby submit this written request for the fingerprints attached to be searched through the CCRE and the Federal Bureau of Investigation to assist in determining suitability for employment/volunteering services in the care of children, the elderly or disabled. As recorded in the section below. I represent a qualified business/organization entitled to receive fingerprint-based searches pursuant to §19.2-392.02 of the Code of Virginia.

Business/Organization Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____ Account/Tracking # _____

Date of Request

Signature of Authorized Agent

Printed name

SECTION III. PAYMENT OPTIONS:

Check one payment choice – personal checks not accepted:

Search Fees: Employment - \$27.00 Volunteer - \$20.00

☐ MasterCard ☐ Visa ☐ Virginia State Police NCJ Account or Tracking # _____

Account # _____ Expiration Date: _____

Authorized Signature

Date

☐ Certified/Business Check or Money Order payable to Virginia State Police

ORIGINAL SIGNED FORM MUST BE RETAINED BY QUALIFIED BUSINESS/ORGANIZATION

Notice to Applicant/Volunteer

Directions for Challenging a Criminal History Record

In the event you are determined not qualified to work or volunteer in a position that involves access to children, the elderly or disabled you may initiate a personal review of a criminal record. Please remember: you were fingerprinted for the position and the Central Criminal Records Exchange (CCRE) of the Department of State Police has determined the fingerprints are identical to criminal fingerprints on file at CCRE and/or the Federal Bureau of Investigation (FBI) and a conviction exists which is a barrier to employment or volunteering services. To initiate a review of a criminal record, follow these instructions:

CCRE – Criminal Record within the Commonwealth of Virginia

Report to Virginia State Police Administrative Headquarters between the hours of 8:00 am and 4:30 pm at 7700 Midlothian Turnpike, Richmond, Virginia or a VSP Area Office* and inform the receptionist you desire to challenge a criminal record. You must provide two forms of identification, one of which must contain a photograph. Your fingerprints will be obtained and searched against the criminal record fingerprint database and the criminal history record for the State of Virginia only will be reviewed with you. Should you have a discrepancy either at the charge or final disposition level you must address it with the contributor of the record or the court or arresting agency that submitted the record to CCRE. CCRE staff will provide the necessary guidance and information to establish contact with a contributing agency.

* VSP Area Office locations are listed at: https://www.vsp.virginia.gov/Office_Locations.shtml

FBI – Criminal Record outside the Commonwealth of Virginia

Telephone the FBI, Special Correspondence Unit at (304) 625-5590, or visit <https://www.fbi.gov/services/cjis/identity-history-summary-checks> for instructions.

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.

Applicant's Rights: Your fingerprints will be used to check the criminal history records of the FBI and the Central Criminal Records Exchange (CCRE) of the Virginia State Police. You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You may obtain a copy of your Virginia Criminal History by submitting VSP Form SP-167, available at http://www.vsp.state.va.us/CJIS_Criminal_Record_Check.shtml, to the CCRE. You may challenge the accuracy or completeness of a Virginia criminal history record through the CCRE Expungement/Record Challenge Section, which can be reached at (804) 674-6723 for further information about this process.

ORIGINAL SIGNED FORM MUST BE RETAINED BY QUALIFIED BUSINESS/ORGANIZATION. IF THE SUBMISSION OF FINGERPRINTS IS NOT DONE ELECTRONICALLY, A FINGERPRINT CARD SHOULD BE MAILED TO VSP ALONG WITH A COPY OF THIS FORM.