



OVERNIGHT CHAPERONES

Please be advised that for any overnight chaperoning, BVWS requires appropriate background screening and fingerprinting on both the state and federal levels.

If you will be chaperoning an overnight field trip, you must complete steps 1-5 below. It is a good idea to complete this process ahead of time, such as at the beginning of the school year, if you think there is any chance you will be chaperoning an overnight trip. Please note that this process only has to be completed once, so if you have done the background screening & fingerprinting in past years for BVWS, then you do not have to do it again.

1. VECHS WAIVER AGREEMENT AND STATEMENT

Please complete & return to the office.

2. CENTRAL REGISTRY/CBI CLEARANCE LETTER

Please complete & return to the office.

3. COLORADO FINGERPRINTING APPLICANT REGISTRATION INSTRUCTIONS

Instructions on how to schedule your ten-minute fingerprint appointment.

4. FACILITY REQUEST FOR BACKGROUND INVESTIGATION IN THE
CONFIDENTIAL CHILD ABUSE/NEGLECT DATABASE

Please follow instructions carefully! This form **MUST** be filled in **legibly**, signed, and returned to the office. (You will need 10 years of residency history - use blank last page if needed!)

5. NOTICE TO APPLICANTS

Information regarding your records.

This screening is needed for each school you are associated with, so if you have already completed similar paperwork at a different school, this new paperwork for BVWS is also required! Please stop in the office if you would like hardcopies of the attached paperwork.

As always, please contact the office at (303) 652-0130 with any questions. Or email us at office@bvwaldorf.org

May 2023

VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer and Employee Criminal History Service

For criminal history record information pursuant to the *National Child Protection Act of 1993 (NCPA)*, as amended by the *Volunteers for Children Act (VCA)*, and the *Adam Walsh Child Protection and Safety Act of 2006*

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize _____

Name of Qualified Entity

to submit a set of my fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Colorado records and any national criminal history record received by the requesting agency from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30-16.34. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Colorado and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a timely determination as to the validity of my challenge before a final decision is made.

____ Yes, I have (OR) ____ No, I have not been convicted of or pled guilty to a crime.

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (circle one): Applicant / Employee / Volunteer / Contractor or Vendor

Signature _____ Date _____

Printed Name _____

Address _____

Date of Birth _____ SSN _____

To Be Completed By Qualified Entity:

Entity Name _____

Address _____

Telephone _____

Note: This document must be retained by the agency / qualified entity for audit purposes.

Central Registry/CBI Clearance Letter

To: Shepherd Valley Waldorf school
6500 W. Dry Creek Pkwy
Niwot, CO 80503

As per section (7.712.21J) and (7.712.21I) requirements

Of Central Registry and CBI Clearance, this letter is to confirm that I have both requested Registry Clearance and have supplied CBI with fingerprints to initiate their investigations.

To my knowledge, my name is not listed on the registry of confirmed perpetrators of child abuse, nor have I been convicted of a crime of child abuse, unlawful sexual abuse or any other felony.

Name (Please Print)

Signature

Date

Address

City, State, Zip

Social Security #

Colorado Fingerprinting Applicant Registration Instructions

Fingerprinting appointments are required. The following are step by step instructions to successfully register for fingerprinting. Please carefully read and follow the registration instructions carefully.

IMPORTANT - Make sure all of your information is correct, once your fingerprints are submitted you cannot change any information.

1. **Website** - Visit the website <https://abi.cabiond.com/> and click "Create Account" to begin.

New to Fingerprinting? [Create an Account and Proceed](#) English ▾

2. **Account Creation Step 1** - Enter your first name, middle name (if applicable), last name, suffix (if applicable), gender, DOB & preferred communication language. Once you have verified all of your information is correct click "Next".

Create an Account

Please fill the form below to create an account

1 2 3
Personal Information Contact Information Account Information

Personal Information

First Name *

Middle Name *

If you don't have a middle name, check the box below.

☐ I don't have a Middle Name.

Last Name *

Suffix (Optional)

--Select--

☐ I have an Alias, Maiden name and/or a proposed legal name change

Gender *

Date of Birth *

mm/dd/yyyy

Preferred Communication Language

Step 1 of 3

Next

Cancel

8. **Billing Code** - Select "No" when asked if you have a billing code. Click "Next" to proceed.

Billing Code

Please select billing code option.

Do you have a Billing Code?

☐ Yes ☒ No

Step 3 of 9

Previous

Next

Cancel

9. **Service Type and Reason Fingerprinted** - For the question "Why do you need to get fingerprinted?" select the **CO Licensure/Employment CABS** service from the list of options. When prompted for the reason fingerprinted within CABS select **NCPA/VCA VECHS VOLUNTEER 0-0-0** which is the reason fingerprinted for your institution.

Service Types

Please select the options for the service you require. If you are not sure which service you need please consult with the agency/employer that requested you get fingerprinted.

Why do you need to get fingerprinted? *

CO Licensure/Employment CABS

CO Licensure/Employment CABS

Colorado Bureau of Investigation (CBI) fingerprint processing for licensure/employment in Colorado. Order if instructed by your employer or licensing agency and you have the CBI unique ID. If you are not sure of the CBI unique ID, you can use the lookup tool but if you are not sure contact your agency/employer for assistance.

What is your reason for CO Licensure/Employment CABS? *

-Select-

NCPA/VCA VECHS VOLUNTEER 0-0-0

10. **CBI Unique ID** - When prompted for the CBI Unique ID enter **5784VECG** which is the CBI Unique ID for your institution. Select "Next" to continue.

Enter CBI Unique ID *

5784VECG

Or search by your Agency City or Name

Agency City

Agency Name

Search

Previous

Next

Cancel

VOLUNTEERS

13. Fingerprint Information - Enter the information needed for fingerprinting which includes your place of birth (country/state), citizenship, race, eye color, hair color, height and weight. ****If the daycare license number is required you will need to contact your employer for their daycare license number.****

Fingerprint Information

Please provide all requested information. Omitting or providing false information may be cause for disqualification.

Personal Details		Service Details	
Place of Birth (Country): *	Place of Birth (State): *	CBI Unique ID	0805DCLI
-Select-	-Select-	Reason Fingerprinted:	26-6-107
Citizenship: *	Race: *	Reason Fingerprinted	CHILDCARE - LICENSED 26-
-Select-	-Select-	Colorado Revised	6-107
Eye Color: *	Hair Color: *	Statute (C.R.S.):	
-Select-	-Select-	Total Fee:	\$54.50
Height (ft): *	Height (in): *	AcctNam (Literal):	BRIGHT START
-Select-	-Select-	AcctAdr:	1610 HARRISON AVE
Weight(lbs) *		AcctCity:	LEADVILLE
Please enter value.		AcctSta:	CO
		AcctZip:	80461
		Daycare License# *	1687766

1652965

Step 6 of 9

Previous

Next

Cancel

14. Review and Privacy Act Statement - This is your last change to review your information and ensure it is correct. Scroll to the bottom and click the acknowledgement that you have read the privacy act statement. Click "Next" to proceed.

Privacy Act Statement

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

☐ I have read the Privacy Act Statement and Accept it.

Step 7 of 9

Previous

Next

Cancel

P 3/3



**Instructions to fill out the Background Investigation Unit (BIU)
Facility Child Abuse and Neglect (Trails) Request**
(With the Colorado Office of Early Childhood)

The following form needs to be filled out LEGIBLY, signed and returned to the front office with the rest of your paperwork.

You will need 10 years of residency history! If you run out of space for residence history in section B, please include any additional residence history on the blank last page!

Please print clearly!

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



COLORADO

Department of Early Childhood

Section A: Agency/Facility/Requestor Information (REQUIRED)

Select the reason for your request (only select one):

- | | | | | | |
|--|---|--|--|--|--|
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Preschool Program | <input checked="" type="checkbox"/> School Age Program | <input type="checkbox"/> Camp (Residential or Day) | <input type="checkbox"/> Family Child Care Home (Not for home residents) | <input type="checkbox"/> Adoption/Foster Care |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Residential Child Care Facility (RCCF) | <input type="checkbox"/> Day Treatment Center | <input type="checkbox"/> Neighborhood Youth Organization | <input type="checkbox"/> Guest Child Care | <input type="checkbox"/> Substitute Placement Agency |

Results Letter Release Information

Who should the Results Letter be sent to? Do NOT enter the information for the person being checked. Only one copy of the Results Letter is sent to the person listed below. Results are not released to the person being checked. They are released to the agency/facility requesting the background check.

Agency/Facility Name (requesting the check) Boulder Valley Waldorf School		CDEC or CDHS License Number (REQUIRED) 1652965	
Street Address or P.O. Box 6500 W. Dry Creek Pkwy		City Niwot	State CO
Zip Code 80503			
First Name (Requestor) Hannah	Last Name Gardner	Phone # 303-652-0130	
Email Address (REQUIRED) ecdirector@bvwaldorf.org			

Section B: Person to be Checked (BIU Applicant) (SECTION REQUIRED)

This is the person being checked - NOT the person/facility/agency requesting the background check. *If any boxes do not apply or are unknown, please leave those boxes blank.

First Name	Middle Name (FULL NAME)	Last Name	Social Security #
Previous Names <u>Ever</u> Used (including maiden, middle, nicknames, etc.) - List ALL.			
Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Race/Ethnicity (White, Black, etc.)	Phone #
Current Address			
Street Address	City	State	Zip Code
Have you lived at your current address for 10 years or longer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
TEN years of residence history (including temporary residence) is required.			
Previous Address			
If you've lived in more places in the past 10 years than the space on this form allows, please provide additional residence history on a separate piece of paper and submit with your request form. Include your move-in and move-out dates.			
Street Address	City	State	Zip Code
Move-In Date (Month, Year)	Move-Out Date (Month, Year)		

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



COLORADO

Department of Early Childhood

Section C: Spouse/Partner/Former Spouse (SECTION REQUIRED)

*If any boxes do not apply or are unknown, please leave those boxes blank.

Information about ALL current and previous spouses is required to complete the child abuse/neglect background check.

Information for ANY parent of your children is also required and must be entered in the next section.

Are you currently married?

☐ Yes

☐ No

Have you ever been married?

☐ Yes

☐ No

If you answered YES to ANY of the questions above, you must provide information for your current spouse/partner AND each former spouse/partner. If you have more than one person to provide information for, please provide the required information on a separate piece of paper and submit with your request form.

Spouse/Partner/Former
Spouse First Name

Spouse/Partner/Former Spouse
Middle Name (FULL NAME)

Spouse/Partner/Former Spouse
Last Name

Previous Names Ever Used (including maiden, middle, nicknames, etc.) - LIST ALL

Date of Birth (MM/DD/YYYY)

Sex (M, F, X)

Race/Ethnicity (White, Black, etc.)

Section D: Child Information (Includes Adult Children) (SECTION REQUIRED)

*If any boxes do not apply or are unknown, please leave those boxes blank.

Information for ALL children must be provided below. This includes all living and deceased children, adopted children, and step children. Information for the other parent of your children is required and must also be entered below.

Do you have any children (including adult children, step children, etc.)?

☐ Yes

☐ No

Have you ever had guardianship of children that are not your own biological children (e.g., foster children)?

☐ Yes

☐ No

Have you ever lived in a home with any other children not referenced above?

☐ Yes

☐ No

If you answered YES to ANY of the questions above you must enter information about the child and the other parent below.

- Enter the full middle name (an initial is not acceptable).
- If you have more children than the space below allows for, please provide the required information on a separate piece of paper and submit with your request form.

D.1. Enter each child's information below. This includes adult children.

#	Child's First Name	Child's Middle Name (Full Name)	Child's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



COLORADO

Department of Early Childhood

D.2. Enter information for the other parent of the children listed above. This is the parent that is NOT you. If any boxes do not apply or are unknown, please leave those boxes blank.

#	Parent's First Name	Parent's Middle <u>Name</u> (Full Name)	Parent's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

Section E: Authorizations and Acknowledgements

Signature of Person Being Checked - **REQUIRED**

By signing below, I authorize the Colorado Department of Early Childhood (CDEC) to complete a search of child abuse and neglect reports. I confirm that the information I provided on this Trails child abuse/neglect background check request form is correct and accurate to the best of my ability. I understand that providing false or misleading information to the Colorado Department of Early Childhood could result in criminal prosecution. I am also releasing the results of the Trails background check to the agency/facility listed on this form. I understand that the results are ONLY sent to the agency/facility.

Signature (Parent/Guardian signature required if under 18 years of age) (Do not type)

Date



COLORADO
Bureau of Investigation
Department of Public Safety

Identification Unit
690 Kipling Street, Suite 4000
Denver, CO 80215
303-239-4208

NOTICE TO APPLICANTS

As an applicant for a position requiring fingerprints to be submitted to the Colorado Bureau of Investigation and the Federal Bureau of Investigation, YOUR FINGERPRINTS WILL BE SUBMITTED TO THESE AGENCIES TO CHECK STATE AND FBI RECORDS.

Discrepancies on your Colorado record can be challenged and corrected by contacting the Colorado Bureau of Investigation at 690 Kipling St., Suite 3000, Denver, CO 80215, or by calling the Identification Unit at (303) 239-4208. Additional information is available from CBI's website at www.colorado.gov/cbi.

Discrepancies on records from the FBI or relating to another state can be challenged through the FBI. Information, including that listed below, can be found at their website at www.fbi.gov.

The U.S. Department of Justice Order 556-73 establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.

Who May Request a Copy of a Record (or Proof That a Record Does Not Exist)
Only you can request a copy of your own Identification Record.

How to Request a Copy of Your Record

The FBI offers two methods for requesting your FBI Identification Record or proof that a record does not exist.

Option 1: Submit your request directly to the FBI.

Option 2: Submit to an FBI-approved Channeler, which is a private business that has contracted with the FBI to receive the fingerprint submission and relevant data, collect the associated fee(s), electronically forward the fingerprint submission with the necessary information to the FBICJIS Division for a national criminal history record check, and receive the electronic record check result for dissemination to the individual. Contact each Channeler for processing times.

AGENCY INSTRUCTIONS: To comply with federal law, provide a copy of this document to each applicant fingerprinted.



NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

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 federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

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.)

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b).

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).