

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

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 _____ Date _____ Signature _____ Printed Name SSN ______ Date of Birth _ To Be Completed By Qualified Entity: Entity Name _____ Address _____ Note: This document must be retained by the agency / qualified entity for audit purposes.

Central Registry/CBI Clearance Letter

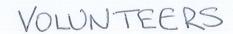
To: Shepherd Valley Waldorf school 6500 W. Dry Creek Pkwy Niwot, CO 80503

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#	<u> </u>	



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.

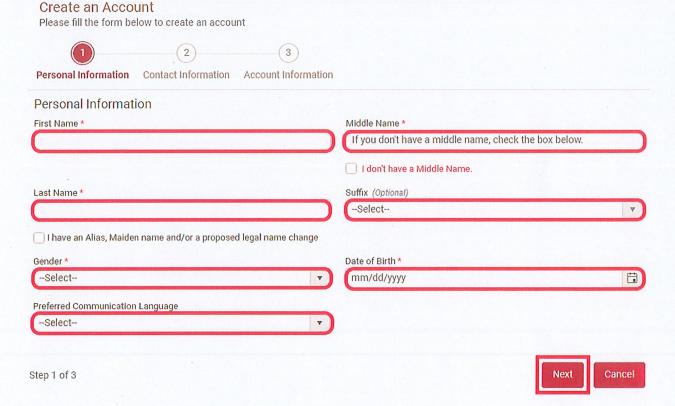
IMPORTANT - Make sure all of your information is correct, once your fingerprints are submitted you cannot change any information.

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



English * New to Fingerprinting? Create an Account and Proceed

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".



VOLUNTEERS

Cancel

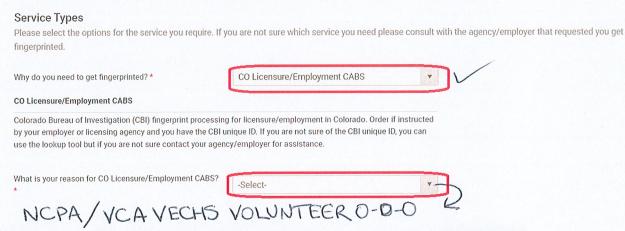
8. Billing Code - Select "No" when asked if you have a billing code. Click "Next" to proceed.

Billing Code Please select billing code option. Do you have a Billing Code? Yes No

Step 3 of 9

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.

Previous

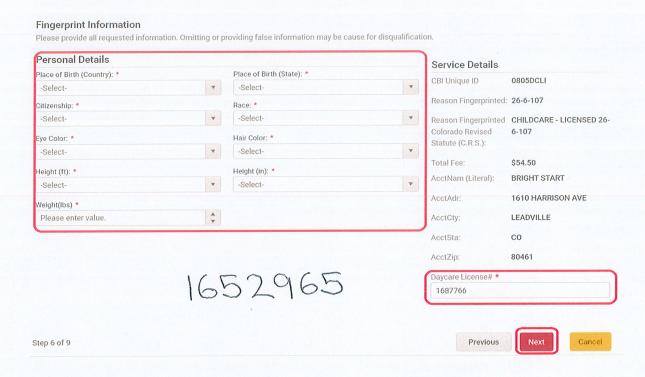


10.CBI Unique ID - When prompted for the CBI Unique ID enter **5784VECG** which is the CBI Unique ID for your institution. Select "Next" to continue.

search by your Agency			
ency City	Agency Name	Search	



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.**



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. Step 7 of 9 Previous Next Cancel

P3/3



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)

<u>Facility</u> Child Abuse and Neglect (Trails) Request



Section A: Agency/Facility/Requestor Information (REQUIRED)							
Select the reas	son for your re Preschool	quest (<i>only sele</i> Schoo	,	─ Camp	Family (Child Adopti	ion/
Center	Program	Progra	- 1	(Residential	Care Ho	me Foster	
				or Day)	(Not for hom	e residents)	
Group	Residentia		Г	Neighborhood	Guest C		
L Home	Child Care	·		Youth Organization	Care	∟∟ Placen Agenc	
Results Lette						7.50	,
						ring checked. Only	
					ased to the pe	erson being checked	d. 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 of	or P.O. Box	<u>-</u>	Cit	y	Sta		le
6500 W. Dry C			Niv	vot	CO	80503	
First Name (Re Hannah	'	ast Name Sardner				one # 8-652-0130	
Email Address		larario			000	002 0100	
ecdirector@l	•	g					
Cartian D. D.		Charles I (D	III. A	L'arrath (CEC	FION DEO	LUDED)	
Section B: P <i>This is the person b</i>		•		The state of the s	_	•	
do not apply or are				equesting the bucky	fround check.	ij uliy boxes	
First Name	Mi	ddle Name (FULL	NAME)	Last Name		Social Security	#
Previous Names <u>Ever</u> Used (including maiden, middle, nicknames, etc.) - List ALL.							
Date of Birth (A	MM/DD/YYYY)	Sex (M, F, X)	Race/E	thnicity (White,	Black, etc.)	Phone #	
Current Addre	ess				1 _		
Street Address			City		State	Zip Code	
Have you lived at					Yes	N	lo
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 (Mont	h, Year)			Move-Out Date	(Month, Year)		

Background Investigation Unit (BIU)

<u>Facility</u> Child Abuse and Neglect (Trails) Request



Section C: Spouse/Partner/Former Spouse (SECTION REQUIRED)					
*If any boxes do not apply or are unknown, please leave those boxes blank.					
Information about <u>ALL</u> current and previous spouses is required to complete the child abuse/neglect background check.					
Information for <u>ANY</u> parent of your children is also required and must be entered in the next section. Are you currently married? Yes					
Have you ever been married? If you answered <u>YES</u> to ANY of the questions above, you <u>must</u> provide information for your current					
spouse/partner AND each for					
for, please provide the require					
Spouse/Partner/Former Spouse Spouse/Partner/Former Spouse					
Spouse First Name	Middle Name (FUL	L NAME) La	st Name		
But the News English Life of	P				
Previous Names <u>Ever</u> Used (inclu	iding maiden, middle, nicki	names, etc.) - LIST ALL			
Date of Birth (MM/DD/YYYY)	Sex (M, F, X)	Ra	ace/Ethnicity (White, B	lack, etc.)	
L					
Section D: Child Inform	nation (Includes Adu	ult Children) (SECT	ION RECILIRED)		
*If any boxes do not apply or are	•		ION KLQUIKLD)		
Information for ALL children mu			ceased children, adopte	ed children, and	
step children. Information for the	•	_	· · · · · · · · · · · · · · · · · · ·		
Do you have any children (inclu	ding adult children, step ch	nildren, etc.)?	Yes	No	
Have you ever had guardianship of children that are not your own biological children (e.g., foster children)?					
Have you ever lived in a home v	vith any other children not	referenced above?	Yes	∏No	
	,,				
If you answered <u>YES</u> to ANY of t	he questions above you mu	st enter information abou	ut the child and the otl	her parent	
below.	(la)			
	ne (an initial is not acceptab	•		_	
	nthan the space below allow and submit with your reques		equired information on	d	
<u> </u>					
D.1. Enter each child's info	ormation below. This i	ncludes adult childre	n.		
# Child's First Name	Child's Middle Name	Child's Last Name	Date of Birth	Sex	
	(Full Name)		(MM/DD/YYYY)	(M, F, X)	
1			*		
2					
3					
4					

Background Investigation Unit (BIU)

Facility Child Abuse and Neglect (Trails) Request



D.2. Enter information for the <u>other parent</u> 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.

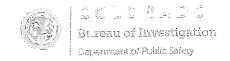
#	Parent's First Name	Parent's Middle <u>Name</u> (Full Name)	Parent's Last Name	Date of Birth (MM/DD/YYYY)	Sex (M, F, X)
1					
2					
3					
4					

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



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 CBl'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>U.S. Department of Justice Order 556-73</u> 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 <u>FBI-approved Channeler</u>, 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, HISTICE 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 notification! 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.
- o 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).