

National Criminal Background Check For Employees or Volunteers Providing Care to Children, the Elderly and Disabled

Instructions to the Applicant/Volunteer and Business/Organization: Applicant must provide name, address and date of birth and must declare his or her criminal record information and sign in Section I. One Applicant fingerprint card (FD-258) must be completed and attached to this form. Business/Organization must complete all information in Section II. Record payment information in Section III. Once completed, mail this form, and one Applicant fingerprint card and payment to: Virginia State Police, Central Criminal Records Exchange, P.O. Box 27472, Richmond, VA 23261-7472.

I. To Be Completed By Applicant/Volunteer

APPLICANT OR VOLUNTEER – PLEASE READ THOROUGHLY			
<p>The entity named as recorded below is entitled by Section 19.2-392.02 of the <u>Code of Virginia</u> 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 record search(es) the qualified entity may choose to deny me unsupervised access to children, the elderly or disabled for which the entity provides care.</p>			
Applicant/Volunteer Last Name	First Name	Middle Name	Date of Birth (mm/dd/ccyy)
Address		City	State Zip Code
APPLICANT/VOLUNTEER CRIMINAL RECORD INFORMATION			
(check one; print clearly)			
<input type="checkbox"/> I HAVE BEEN convicted of, or under pending charge(s) or indictment(s) for the following crimes either within or outside the Commonwealth of Virginia. List all charges; use an additional form if necessary.			
1)	Charge <input type="checkbox"/> Felony or <input type="checkbox"/> Misdemeanor	Date	Jurisdiction (county & state) Disposition
2)	Charge <input type="checkbox"/> Felony or <input type="checkbox"/> Misdemeanor	Date	Jurisdiction (county & state) Disposition
<input type="checkbox"/> I HAVE NOT BEEN convicted of, or under pending charge(s) or indictment(s) for any crimes either within or outside the Commonwealth of Virginia.			
APPLICANT/VOLUNTEER DISCLOSURE			
By virtue of my signature I certify the name, address, personal descriptive information and criminal record disclosure is accurate as recorded on this document and the 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 of Applicant/Volunteer		Date	

II. To Be Completed By Qualified Business or Organization

REQUEST FOR FINGERPRINT SERVICES																			
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 entity entitled to receive fingerprint-based searches pursuant to Section 19.2-392.02 of the <u>Code of Virginia</u> .																			
<table style="width: 100%;"> <tr> <td colspan="3">Sparrows Rest</td> </tr> <tr> <td colspan="3">Entity Name</td> </tr> <tr> <td colspan="3">31 Winchester Street</td> </tr> <tr> <td colspan="3">Street Address</td> </tr> <tr> <td>Warrenton, VA 20186</td> <td></td> <td></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	Sparrows Rest			Entity Name			31 Winchester Street			Street Address			Warrenton, VA 20186			City	State	Zip Code	<p>This request is for (check one):</p> <p><input type="checkbox"/> Employment</p> <p><input checked="" type="checkbox"/> Volunteer</p> <p style="text-align: center;"><i>This form should be duplicated for your records.</i></p>
Sparrows Rest																			
Entity Name																			
31 Winchester Street																			
Street Address																			
Warrenton, VA 20186																			
City	State	Zip Code																	
Date of Request	Signature of Authorized Agent Catherine M. Bowers Printed Name																		

III. Payment Options

(Check one payment choice -- personal checks not accepted.)		Search Fees: Employment - \$37.00 Volunteer - \$26.00
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> State Police Charge Account
If using a credit card, provide the following:		
Account Name	Account Number	Expiration Date
<input type="checkbox"/> Certified Check/MoneyOrder/Business Check payable to Virginia State Police		
*Authorized Agent Signature		*Date