Seventh-day Adventist Church
Northern California Conference

# California Mandated Enhanced Background Check for School Volunteers

All School Volunteers must be Live Scanned and complete Child Protection/Mandated Reporter Training. "A volunteer is a person who is over 18 years of age and who interacts with pupils outside of the immediate supervision and control of the pupil's parent or guardian or a school employee" (SB848).

## 1. GET LIVE SCANNED (Electronic Fingerprinting)

- School Volunteers: Use NCC Live Scan Application with ORI Code A3044
- Volunteers at both School and Church: No need to do Live Scan twice. The Volunteer Training serves both purposes as well.
- If you have volunteered or worked with the NCC in the past, you might already have Live Scan with us. Please check with Joana van Iderstein (joana.vaniderstein@nccsda.com) if your Live Scan might be in the NCC system.
- ***Live Scan must be completed in California.*** Out-of-state Live Scan is not valid.

## 2. E-MAIL A COPY of your *Request for Live Scan* form, *after getting it done at one of the many live scan operator sites,* to the NCC Child Safety Compliance Coordinator (childsafety@nccsda.com). Be sure to redact your Social Security Number before sending.

## 3. COMPLETE THE CHILD ABUSE MANDATED REPORTER TRAINING ***EVERY YEAR***

- Send an email to childsafety@nccsda.com with your full legal name, your email address and volunteer location/s to request a training link.
- Follow the instructions in the email that comes from ***Church HR Network*** which will enable you to take the Mandated Reporter training at no charge to you.

## 4. SIGN THE VOLUNTEERS GUIDELINES AND COMMITMENT FORM and return it to the school where you volunteer. You may wish to keep a copy for your own records.

## 5. FIELD TRIP DRIVERS must be 21 years or older and get a Driving Record Check done through Sterling Volunteers. The website is www.ncsrisk.org/adventist. See attached instructions.

### *Acknowledgement:*

***I understand my fingerprints will be used to check the criminal history records of the FBI. If I have a criminal history record, I will be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before NCC officials deny my volunteer service opportunity, or other benefit based on information in the criminal history record. Criminal history records will be viewed and used for authorized purposes only, and the NCC 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. I may request a copy of my FBI criminal history record for review and possible challenge. I will submit a written request to the NCC (childsafety@nccsda.com) and will retrieve this report in person at the NCC Headquarters. Reports cannot be emailed or paper mailed. (Procedures for obtaining a change, correction, or update of a criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.) By requesting Live Scan clearance as a volunteer in the Northern California Conference of Seventh-day Adventists, I acknowledge and understand the above statements and agree to the authorized use of my criminal background report.***

STATE OF CALIFORNIA
BCIA 8016
(Rev. 03/2024)



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

A3044
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

*Volunteer Position such as Parent Volunteer, Driver, Coach, etc.*
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

## Contributing Agency Information:

Northern California Conference of SDA
Agency Authorized to Receive Criminal Record Information

03279
Mail Code (five-digit code assigned by DOJ)

P.O. Box 619015
Street Address or P.O. Box

Joana van Iderstein
Contact Name (mandatory for all school submissions)

Roseville — City
CA — State
95661 — ZIP Code

(916) 886-5670
Contact Telephone Number

## Applicant Information:

Last Name
First Name
Middle Initial
Suffix

Other Name: (AKA or Alias)
Last Name
First Name
Suffix

Date of Birth
Sex [ ] Male [ ] Female [ ] Nonbinary/Unspecified
Driver's License Number

Height
Weight
Eye Color
Hair Color
Billing Number 141139
(Agency Billing Number)

Place of Birth (State or Country)
Social Security Number
Phone Number
(Other Identification Number)

Home Address
Street Address or P.O. Box
City
State
ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature
Date

School Name: *Short Version of Your School's Name*
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)
Original ATI Number

## Employer (Additional response for agencies specified by statute):

Employer Name
Street Address or P.O. Box
Telephone Number (optional)
City
State
ZIP Code
Mail Code (five digit code assigned by DOJ)

## Live Scan Transaction Completed By:

Name of Operator
Date
Transmitting Agency
LSID
ATI Number
Amount Collected/Billed

Sample

STATE OF CALIFORNIA
BCIA 8016
(Rev. 03/2024)



# REQUEST FOR LIVE SCAN SERVICE

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ORI (Code assigned by DOJ)

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Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

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Roseville — City
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Contact Telephone Number

## Applicant Information:

Last Name
First Name
Middle Initial
Suffix

Other Name: (AKA or Alias)

Last Name
First Name
Suffix

Date of Birth
Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height
Weight
Eye Color
Hair Color

Billing Number 141139
(Agency Billing Number)

Place of Birth (State or Country)
Social Security Number

Phone Number
(Other Identification Number)

Home Address
Street Address or P.O. Box
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Telephone Number (optional)

City
State
ZIP Code
Mail Code (five digit code assigned by DOJ)

## Live Scan Transaction Completed By:

Name of Operator
Date

Transmitting Agency
LSID
ATI Number
Amount Collected/Billed

# REQUEST FOR LIVE SCAN SERVICE

## Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at **http://oag.ca.gov/privacy-policy**.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at **keeperofrecords@doj.ca.gov**, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

# REQUEST FOR LIVE SCAN SERVICE

## 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.

# REQUEST FOR LIVE SCAN SERVICE

## 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 notification[1] 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.) *You can find additional information on the FBI website at* https://www.fbi.gov/about-us/cjis/background-checks.

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[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 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)

Seventh-day Adventist Church
Northern California Conference

# Volunteers Guidelines and Commitment

Because our society is filled with pain, problems, and litigation caused by improper conduct of individuals working with children and youth, it is imperative that those working with children have meaningful guidelines for conduct in order to protect both themselves and those under their care. As a ministry volunteer, you want parents and others to feel comfortable and confident with you.

## *My Commitment to Volunteer Ministry*

I will,

1. Never leave a child or group of children for whom I am responsible unattended. I will provide appropriate supervision at all times.
2. Always have at least one other adult, eighteen (18) years of age or older, to help with the supervision of children. If I find myself in a situation where I am the only adult present, UNDER NO CIRCUMSTANCES will I allow myself to be alone with one child.
3. Always ask a child's permission before physically touching him/her anywhere, even when responding to an injury or problem. This is especially true for any areas that would normally be covered by a T-shirt and/or shorts. (If an injury is within this area, make sure another adult works with you as care is provided.)
4. Refrain from physical and verbal attacks and corporal punishment which are inappropriate behaviors and should never be used as discipline. "Time outs" or "sit-in-that-chair" may be helpful discipline methods to use with children.
5. Affirm children with appropriate touching by keeping hugs brief and "shoulder-to-shoulder" or "side-to-side." (Always keep hands at (not below) the shoulder level. A caregiver's kiss should be to the forehead or cheek only – not elsewhere. For small children who like to sit on laps, I will encourage them to sit next to me.)
6. Provide extra care when taking small children to the restroom. I will take another adult along, or leave the door open.
7. Be aware of conducting activities in rooms that do not have an interior viewing area, or I will leave the door open during the activity to allow easy observation by others.
8. Cooperate with the volunteer screening process.
9. Be aware of the signs and symptoms of child abuse and aware of the legal requirements for reporting suspected cases of abuse by completing the required child abuse and neglect identification and reporting training.
10. Cooperate with church leadership in conducting children and youth ministries by being a volunteer who is loving, kind, firm, and always a thoroughly professional person. Working with children and youth is not only a privilege; it is also a serious responsibility that must be approached with utmost care.
11. Participate in orientation and training programs as required based on your volunteer ministry assignment.
12. Never take pictures of students. Special authorization is required.

The North American Division of the General Conference of Seventh-day Adventists and Adventist Risk Management, Inc., recommend these Guidelines for Volunteers, which serve as a protection to you, your ministry, and the church from allegations of abuse.

I, the undersigned, have read this document and agree to abide by the Code of Conduct and Volunteer Guidelines outlined above. I will retain a copy of this document and keep it for reference.

Printed Name | Volunteer Signature | Date

# Vehicle Information Form for Field Trip Drivers

Today's date: _____

Auto Make: _____ Model: _____ Year: _____

Registration Number (License Plate): _____

California Driver's License Number: _____

Number of passenger seat belts: _____ (Any child under the age of 6 weighing less than 60 pounds must be secured in a federally approved child passenger restraint system and ride in the back seat of a vehicle.)

Insurance Company: _____ Policy #: _____

Insurance Agent: _____Phone #: _____

**Insurance Coverage:**

| | |
|---|---|
| $100,000/$300,000/$50,000 | Recommended |
| $250,000/$500,000/$50,000 | Strongly Recommended |

Insurance effective dates from _____to_____

(Attach copy of current coverage)

Driver: _____

Car Owner's Signature: _____ Date: _____

(Owner's signature indicates approval and signifies that the above information is correct.)

Car Owner's Phone Number: _____

Emergency Contact:

_____ _____ _____

(Name) (Relationship) (Phone Number)

Adventist Education

**Northern California Conference**
**Office of Education**
**P.O.BOX 619015**
**Roseville, CA 95661**

Sterling Volunteers

**Thank you** for serving as a volunteer for the churches and/or schools in the Northern California Conference of Seventh-day Adventists.

# REGISTRATION INSTRUCTIONS

## ADVENTIST CHILD PROTECTION SCREENING

## FIELD TRIP DRIVER CLEARANCE

**Step 1** Go to www.ncsrisk.org/adventist and click the *First-Time Registrant* option.

**Step 2** First select the state and then Conference (Northern California).

**Step 3** Create a user ID and a password you can easily remember. It's recommended to use your email address for your user name. This data will be case sensitive.

**Step 4** Please provide the information requested on the screen: name, address, etc. (Note: Do not click the back button or your registration will be lost.)

**Step 5** Select the primary location where you work or volunteer, and click continue. If you work or volunteer in another location (perhaps at a school and a church), select "Yes" and then select a second location.

**Step 6** Select the role "**DMV check ONLY**" for each location you volunteer.

**Step 7** Confirm the information is correct, and click Submit. Once the driving record check has been successfully processed, you should be notified via email.

**Additional Details**

*Once the submission of your driving record check is completed, you can login to your account and click on "My Report" to view your completion date. You can also access the "Update My Account" link at the top of the page to update your personal information.*