

November 18, 2009

ORLEANS SOUTHWEST SUPERVISORY UNION

CRIMINAL RECORD CHECK INFORMATION

A.

VOLUNTEERS: non-paid persons

Applies to anyone who is in classroom/grounds, attending school-sponsored field trip, or assisting with athletic programs, AND WILL NOT BE PAID.

Two forms need to be completed: 1) Child Abuse Registry (from Agency of Human Services); and 2) Public Request for Criminal Conviction Information (from VT Criminal Information Center).
[Copies enclosed for your review.]

No cost involved. Information required between the 2 forms will be: name/address/DOB/last 4 digits of social security number/place of birth and date/signature.

When received at central office the forms are reviewed through an on-line system (new this school year). The new on-line version has made the turn-around time much quicker. A list is then sent to the school Administrative Assistants for their records.

All persons who wish to volunteer in the classroom (including grounds and event(s) off-site), need to complete the 2 forms **PRIOR**.

Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306

Child Protection Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

CONSENT FOR RELEASE OF INFORMATION

PLEASE PRINT OR TYPE. THIS FORM WILL BE RETURNED IF ALTERED OR STAPLED.

If requesting information from both registries, please fill out one form and submit copies to each division

- I hereby request the Commissioner of the Department of Disabilities, Aging and Independent Living to release to me any information in the Vermont Adult Abuse Registry pursuant to 33 V.S.A. 6911(C)(3) involving the individual listed below in Section II.
- I hereby request information from the Vermont Child Protection Registry, which is maintained by the Department for Children and Families.

Section I. Employer Requesting Registry Check

Employer name: Orleans Southwest S.U.
Employer address: PO 338 Hardwick VT 05843
Employer telephone number: 802 472 6531 Employer fax number: 802 472 6250
Employer email address: wguyette@ossu.org

I certify that this individual is a current employee, contractor or volunteer of this facility/agency or has been given a conditional offer of employment. I understand this information is only for the purposes of determining whether to hire or retain the individual to provide care, custody, treatment, transportation, or supervision of children or vulnerable adults.

W J Guyette Wendy Guyette, HR Coord.

(Authorized) Facility/Agency Signature & Print Signature Date

Note: if you are a regulated childcare provider in Vermont, this process does not apply to you.

Section II. Consent From Current or Prospective Employee, Contractor, or Volunteer

Full Name: _____ Gender: _____
(Type or Print Clearly)

Address (including City, State, Zip Code): _____

Phone number: _____ Birth Date _____ Place of Birth: _____

Other names I have used, if any (including maiden name): _____
(Type or Print Clearly)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to the Owner/Operator of the above named facility/agency.

(Prospective) Staff, Contractor, or Volunteer Signature

Date

Section III. Response from the Agency of Human Services (Office Use Only)

Vermont Adult Abuse Registry

Vermont Child Protection Registry

Employee's name not found in registry _____ initials

Employee's name not found in registry _____ initials

Employee's name found in registry _____ initials

Employee's name found in registry _____ initials

Nature of any finding: _____

Date of such finding: _____

Signature of Commissioner's Designee

Date

**** A self-addressed, stamped envelope must be included ****



Department of Public Safety
 Vermont Criminal Information Center
 103 South Main Street
 Waterbury, VT 05671-2101

PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$20 PER REQUEST - NO PERSONAL CHECKS
 Reply will be mailed in 5 - 7 working days - A SELF ADRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST

WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS:

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

LAST NAME	FIRST NAME	MIDDLE INITIAL
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DATE OF BIRTH (REQUIRED) Month / Day / Year	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER (OPTIONAL)
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ALIAS NAMES (IF APPLICABLE)

PURPOSE OF REQUEST: (CHECK ONE)	<input type="checkbox"/> PERSONAL REVIEW	<input type="checkbox"/> FOREIGN TRAVEL/ IMMIGRATION	<input type="checkbox"/> MILITARY
	<input type="checkbox"/> ADOPTION	<input type="checkbox"/> CIVIL COURT PROCEEDING	<input type="checkbox"/> PARDON
	<input type="checkbox"/> CHILD CUSTODY	<input type="checkbox"/> LICENSING	
	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING	
	<input checked="" type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE <i>volunteer during school day or after-school program</i>		

ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS

The following information is REQUIRED in order to successfully process your request.
 Requestor MUST initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056(c), which governs the release of criminal conviction information to the public, I understand:

- _____ Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- _____ Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- _____ No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

REQUESTOR INFORMATION

Name	Street Address		
<i>Orleans Southwest SA</i>	<i>157 Daniel's Road</i>		
City	State	Zip	Telephone Number
<i>Hardwick</i>	<i>VT</i>	<i>05843</i>	<i>802 472 6531</i>
Signature of Requestor		Date (Mo/Day/Year)	