SP-24 Rev. 11-01-2010

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 cards (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

The entity named as recorded below is entitled by Section 19.2-392.02 of the Code of Virginia 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.

Applicant/Volunteer Last Name _____ First Name _____ Middle Name _____ Date of Birth (mm/dd/yyyy) _____

Address _____ City _____ State _____ Zip Code _____

APPLICANT/VOLUNTEER CRIMINAL RECORD INFORMATION

(check one; print clearly)

☐ 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 ☐ Felony or ☐ Misdemeanor _____ Date _____ Jurisdiction (county & state) _____ Disposition

2) _____ Charge ☐ Felony or ☐ Misdemeanor _____ Date _____ Jurisdiction (county & state) _____ Disposition

☐ 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 Code of Virginia.

Potomac Conference of Seventh-Day Adventists
Entity Name

606 Greenville Avenue
Street Address

Staunton VA 24401
City State Zip Code

This request is for (check one):

☑ **Employment** ☐ **Volunteer**

This form should be duplicated for your records.

Date of Request _____ **Signature of Authorized Agent** _____ **Printed Name** _____

III. Payment Options

(Check one payment choice – personal checks not accepted.)

Search Fees: Employment - $37.00 Volunteer - $26.00

☐ MasterCard ☐ Visa ☐ State Police Charge Account

If using a credit card, provide the following: Account Name _____

Account Number _____ Expiration Date _____

☐ Certified Check/Money Order/Business Check payable to Virginia State Police

Authorized Agent Signature _____ Date _____

Effective November 1, 2010, the public is hereby placed upon notice that returned checks or dishonored money orders and/or credit card payment denials will incur a handling fee of $50 in addition to the amount of the original payment. Requesting goods or services will be deemed to be acceptance of these terms. Code of Virginia §2.2-4805.

Notice to Applicant/Volunteer

Directions for Challenging a Criminal History Record

In the event you are determined not qualified to work or volunteer in a position that involves access to children, the elderly or disabled you may initiate a personal review of a criminal record. Please remember: you were fingerprinted for the position and the Central Criminal Records Exchange (CCRE) of the Department of State Police has determined the fingerprints are identical to criminal fingerprints on file at CCRE and/or the Federal Bureau of Investigation (FBI) and a conviction exists which is a barrier to employment or volunteering services. To initiate a review of a criminal record, follow these instructions:

CCRE – Criminal Record within the Commonwealth of Virginia

Report to State Police Administrative Headquarters between the hours of 8:00 am and 5:00 pm at 7700 Midlothian Turnpike, Richmond, Virginia and inform the receptionist you desire to challenge a criminal record. You must provide two forms of identification, one of which must contain a photograph. Your fingerprints will be obtained and searched against the criminal record fingerprint database and the criminal history record for the State of Virginia only will be reviewed with you. Should you have a discrepancy either at the charge or final disposition level you must address it with the contributor of the record or the court or arresting agency that submitted the record to CCRE. CCRE staff will provide the necessary guidance and information to establish contact with a contributing agency.

FBI – Criminal Record outside the Commonwealth of Virginia

Telephone the FBI, Special Correspondence Unit at (304) 625-3878 for instructions.