

Background Check - BOE VOLUNTEERS **(chaperones, classroom volunteers, nonpaid coaches)**

Please follow the below steps to pay and PreEnroll for fingerprinting BEFORE you have your fingerprints taken at the New Fairfield Police Department.

Any questions, please call Human Resources at 203-312-5662.

- 1) Request from the Human Resources Department the forms for A) and B). Forms are attached below if you are reading this online.

A) Read and sign in two (2) places the FBI Privacy Act Statement and Noncriminal Justice Privacy Rights forms, and

B) complete and sign the NCPA/VCA Waiver and Consent Form.

Return these forms to the Human Resources Dept at 3 Brush Hill Road, NF, CT with check or money order payable to New Fairfield BOE for \$10.30 in order to

- i) receive Service Code for Step 2, and
- ii) receive fingerprint card (if being printed at a police dept that does not use an electronic scanner).

For Step 2 you will need the Service Code, a working email address and access to a printer or mobile device.

- 2) PreEnroll at the public pre-enrollment website:
<https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll/>

Print (or have accessible on your mobile device) the email confirmation containing your PreEnrollment Tracking Number and your Bar Code and bring with you to fingerprint appointment.

SAVE the email for use in the event fingerprints are rejected due to quality issues and reprinting is required. **BARCODE CANNOT BE REGENERATED** at a future time.

- 3) Call the NFPD to schedule an appointment for the noted fingerprinting hours. Please be advised, children are not permitted in the NFPD fingerprinting area.

Wednesdays 6:00 pm - 7:00 pm

Saturdays 10:00 am - 11:00 am

302 Ball Pond Road, New Fairfield, CT - 203-312-5701 (listen to prompts)

If you are sick or experiencing symptoms of any illness, reschedule your appointment.

Please note that you may need a fingerprint card if your prints are not taken at NFPD.

In the case you do not go to NFPD and your prints are not done electronically

- complete card prior to appointment in BLACK ink HOWEVER

- do NOT sign card until time of fingerprinting.

Upon completion of fingerprinting, return fingerprint card along with copy of email confirmation to Human Resources. Both will then be forwarded to the State Department of Emergency Services and Public Protection.

FORMS

A and B

FOLLOW

BELOW

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 ⁴ by New Fairfield Public Schools 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. ⁵
- 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. ⁶

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. ⁷

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.)

If you need additional information or assistance, please contact:

Connecticut Records: Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480	Out-of-State Records: Agency of Record OR - FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306
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Applicant Signature: _____ **Date:** _____

⁴ Written notification includes electronic notification, but excludes oral notification.

⁵ <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

⁶ See 28 CFR 50.12(b).

⁷ 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).

FBI 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.

As of 03/30/2018

Applicant Signature: _____

Date: _____

NCPA/VCA Waiver and Consent Form for Nonemployees and Volunteers

This form must be completed and signed by every current or prospective applicant for a position that cares for children, the elderly, or disabled pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA). It must be completed before fingerprints are sent to the Connecticut State Police (CSP) and the Federal Bureau of Investigation (FBI).

I understand the following: 1.) My fingerprints will be used to check the criminal history records of the CSP and FBI; 2.) I can receive my state criminal history record from the CSP and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30- 16.34; 3.) I can challenge the accuracy and completeness of any information contained in such criminal history records; 4.) The qualified entity may choose to deny me unsupervised access to children, the elderly, or the disabled under its care until my criminal history record check is completed; 5.) I may obtain a prompt determination as to the validity of my record challenge before a final decision is made.

I hereby authorize the qualified entity to submit a set of my fingerprints to the CSP and FBI under the NCPA/VCA. The qualified entity will receive and review my state and national fingerprint-based criminal history records to determine if I am fit to care for children, the elderly or disabled.

By signing this form, it is my intent to authorize the dissemination of my state and national fingerprint-based criminal history record to the qualified entity. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

ENTITY INFORMATION-The entity receiving the information.			
(Name) New Fairfield Public Schools		TELEPHONE NO. (203) 312-5662	
ADDRESS (No. and Street) 3 Brush Hill Road	(City or Town) New Fairfield	(State) CT	(Zip Code) 06812
APPLICANT INFORMATION-The person being fingerprinted.			
NAME (Last)	(First)	DATE OF BIRTH (Month, Day, Year)	
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
POSITION (Current or Prospective)-			
All applicants must have supervised or unsupervised access to children, the elderly, or individuals with			
<input type="radio"/> Owner <input type="radio"/> Operator <input type="radio"/> Employee <input type="radio"/> Volunteer <input type="radio"/> Contractor <input type="radio"/> Vendor <input type="radio"/> Paid Student Teacher <input type="radio"/> Unpaid Student Teacher <input type="radio"/> Other _____			
CRIMINAL HISTORY			
I have been convicted of or pled guilty to a crime. <input type="radio"/> No <input type="radio"/> Yes*			
* If yes is selected, provide the details and description of the crime conviction below.			
SIGNATURE		DATE	

This document must be retained by the Qualified Entity.