

## 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) Wolcott Public Schools		TELEPHONE NO. 203-879-8180	
ADDRESS (No. and Street) 1488 Woodtick Road	(City or Town) Wolcott	(State) CT	(Zip Code) 06716
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="checkbox"/> 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.