



VOLUNTEER APPLICATION

Date: _____

Name: _____ Phone: (____) _____

Address: _____

U.S. Citizen: Yes _____ No _____ Social Security Number: XXX - XX - _____

E-Mail Address: _____

Dates & Times Available:

Mondays: From _____ to _____ ; or _____ Hours per day

Tuesdays: From _____ to _____ ; or _____ Hours per day

Wednesdays: From _____ to _____ ; or _____ Hours per day

Thursdays: From _____ to _____ ; or _____ Hours per day

Fridays: From _____ to _____ ; or _____ Hours per day

Read Carefully Before Signing

I understand that as a volunteer for the Williamsburg – James City County Community Action Agency all information is confidential. I will not discuss the content of files that I may come in contact with. If there are any conflicts or concerns I will discuss them with the person assigned as my immediate supervisor.

Applicant's Signature: _____ Date: ____/____/____

Emergency Notification:

Name: _____ Relationship: _____

Phone: Work: (____) - _____ Home: (____) - _____ Cell: (____) - _____

Address: _____

Helping People. Changing Lives. Making a Difference.

This institution is an equal opportunity provider and employer.

SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS

Please Print

Last Name	First	Middle	Maiden	Social Security Number
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Current Mailing Address	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Name of Licensed/Registered Approved Facility/Provider	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Have you lived outside of Virginia in the past five years? Yes No

If yes, what state(s) have you lived in: _____

Please respond to all four (4) questions below:

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia? Yes (convicted in Virginia) Yes (pending in Virginia) No

If yes to convicted or pending, specify crime(s): _____

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia? Yes (convicted outside Virginia) Yes (pending outside Virginia) No

If yes to convicted or pending, specify crime(s) and state, or other location: _____

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia? Yes (in Virginia) No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia? Yes (outside Virginia) No (outside Virginia)

If yes, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.

Signature

Date

Explanation of Sworn Statement or Affirmation

Requirement: Sections 63.2-1704, 63.2-1720, 63.2-1720.1, 63.2-1721, 63.2-1721.1, 63.2-1722, 63.2-1724 and 63.2-1725 of the *Code of Virginia* (Code) require individuals to provide a sworn statement or affirmation to a licensing, approving or hiring authority, facility, or agency prior to licensure, registration, approval, employment, or provision of volunteer services. A sworn disclosure or affirmation is a statement completed by a person attesting to whether he has ever been: (i) convicted of or the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth, or (ii) the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. Additionally for family day homes, the person affirms if he, or if he knows that any person who resides in the home, has a sex offense conviction or is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. The statement or affirmation must be made available to the Department of Social Services' representative.

Who must comply: These individuals must provide sworn statements or affirmations:

- Applicant upon application for licensure or registration as a child welfare agency, and any subsequent person designated as applicant, licensee, or registrant;
- Agent at the time of application who is or will be involved in the day-to-day operation of the child welfare agency or who is or will be alone with, in control of, or supervising one or more of the children and any subsequent person designated as agent who will be involved in the day-to-day operation or will be alone with, in control of, or supervising one or more of the children;
- Any other adult living in the home of an applicant for licensure or registration or approval as a family day home, or any existing employee or volunteer, and subsequent employee or volunteer or other adult living in the home;
- Operator of family day home requesting approval by family day system;
- Person who signs the statement of intent to operate a religiously exempt child day center;
- Any person who will be expected to be alone with one or more children enrolled in a religious exempt child day center; and
- Any employee or volunteer of a licensed, registered, or approved facility who is involved in the day-to-day operations or who is alone with, in control of, or supervising one or more children.

Note: Any other child day center or family day home that has not otherwise met these requirements, and applies to enter into a contract with a local department to provide child care services to clients of a local department, must also submit a sworn statement or affirmation.

Exception: A parent-volunteer is not required to provide a sworn statement or affirmation. A parent-volunteer is a person supervising, without pay, a group of children that includes the parent-volunteer's own child in a program that operates no more than four hours per day, provided that the parent-volunteer works under the direct supervision of a person who has received satisfactory background checks as provided for in the Code.

Any person making a materially false statement regarding any such offense is guilty of a Class 1 misdemeanor.

Further dissemination of the sworn statement information is prohibited other than to the Commissioner's representative or a federal or state authority or court in order to comply with an express requirement in the law for that dissemination.

Consequence: If a person required to submit a sworn statement or affirmation (i) fails to submit a sworn statement or affirmation, or (ii) has been convicted of a barrier crime (specified below), or (iii) has been convicted of any other felony in the last five years, or (iv) has been the subject of a founded complaint of child abuse or neglect, and the facility refuses to separate that person from employment or service:

- Licensure, registration or approval of a child day program is prohibited;
- Licensure, registration or approval will be revoked and renewal of a license or registration or religiously exempt status will be denied;
- Religiously exempt status will be revoked; and
- The child welfare agency will not be permitted to receive federal, state or local child care funds.

Exception: A person who wants to operate or to volunteer or work at a facility covered by this regulation, but who is disqualified because of a criminal conviction, or a criminal conviction in the background check of any other adult living in a family day home governed by this regulation may apply for a waiver if: 1) a non-barrier crime felony conviction occurred less than five years ago, or 2) any other adult living in the home of a state regulated family day home applicant or provider has been convicted of not more than one misdemeanor offense of assault and battery or assault and battery against a family or household member. This other adult may not be an assistant or substitute provider.

BARRIER CRIMES FOR CHILD DAY PROGRAMS

- Including:**
- Licensed Child Day Centers
 - Religiously Exempt Child Day Centers
 - Certified Pre-Schools
 - Licensed Family Day Homes
 - Voluntarily Registered Family Day Homes
 - Licensed Family Day Systems
 - Licensed System-Approved Family Day Homes
 - The Following if Receiving Federal, State, or Local Child Care Funds:
 - Local Ordinance – approved family day homes
 - Programs of recreational activities offered by local governments
 - Unregulated family day homes (including in-home care)

Va Code Ann. §§ 63.2-17171(E)(7); 63.2-1719; 63.2-1720; 63.2-1720.1; 63.2-1721; 63.2-1721.1; 63.2-1725

<p>In addition to the offenses listed below, the following are also barrier crimes: 1) a conviction of any offense set forth in § 9.1-902 or a finding that a person is not guilty by reason of insanity in accordance with Chapter 11.1 of Title 19.2 of an offense set forth in § 9.1-902 that results in the person’s requirement to register with the Sex Offender and Crimes Against Minors Registry pursuant to § 9.1-901, or any similar registry in any other state; 2) a conviction of any other felony unless 5 years have elapsed since the conviction; and 3) a founded complaint of child abuse or neglect within or outside the Commonwealth.</p> <p>Convictions include prior adult convictions and juvenile convictions or adjudications of delinquency based on a crime that would be a felony if committed by an adult within or outside the Commonwealth.</p> <p>Exceptions: See Assault and Battery below</p>	<p>63.2-1719</p>
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OFFENSE Or Equivalent Offense in Another State	VA CODE SECTION
Abduction (Kidnapping)	Subsection A or B of 18.2-47
Abduction for Immoral Purposes	18.2-48
Abuse and Neglect of Children	18.2-371.1
Abuse and Neglect of Incapacitated Adults	18.2-369
Aggressive Use of a Machine Gun	18.2-290

Arson	Article 1 (18.2-77 et seq.) of Chapter 5 of Title 18.2
Arson – Burning Building or Structure While in Such Building or Structure with Intent to Commit Felony	18.2-82
Arson – Burning or Destroying Any Other Building or Structure	18.2-80
Arson – Burning or Destroying Dwelling House, Etc.	18.2-77
Arson – Burning or Destroying Meeting House, Etc.	18.2-79
Arson – Burning or Destroying Personal Property, Standing Grain, Etc.	18.2-81
Arson- Carelessly Damaging Property by Fire	18.2-88
Arson – Causing, Inciting, Etc. Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to Such Buildings, Etc.	18.2-84
Arson – Manufacture, Possession, Use, Etc. of Fire Bombs or Explosive Materials or Devices	18.2-85
Arson – Setting Fire to Woods, Fences, Grass, Etc.	18.2-86
Arson – Setting Off Chemical Bombs Capable of Producing Smoke in Certain Public Buildings	18.2-87.1
Arson – Setting Woods, Etc., on Fire Intentionally Whereby Another is Damaged or Jeopardized	18.2-87
Arson – Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to Such Buildings, Etc.	18.2-83
Assaults and Bodily Wounding	Article 4 (18.2-51 et seq.) of Chapter 4 of Title 18.2
Assaults and Bodily Wounding – Adulteration of Food, Drink, Drugs, Cosmetics, Etc.	18.2-54.2
Assaults and Bodily Wounding – Aggravated Malicious Wounding	18.2-51.2
Assaults and Bodily Wounding – Allowing Access to Firearms by Children	18.2-56.2
Assaults and Bodily Wounding – Assault and Battery (<u>Exception</u> : A child day center may hire for compensated employment persons who have been convicted of not more than 1 misdemeanor offense under § 18.2-57 if 10 years have elapsed following the conviction, unless the person committed such offense while employed in a child day center or the object of the offense was a minor. § 63.2-1720.1)	18.2-57
Assaults and Bodily Wounding – Assault and Battery Against a Family or Household Member	18.2-57.2
Assaults and Bodily Wounding – Attempts to Poison	18.2-57.2
Assaults and Bodily Wounding – Bodily Injuries Caused by Prisoners, State Juvenile Probationers, and State and Local Adult Probationers or Adult Parolees	18.2-55
Assaults and Bodily Wounding – Disarming a Law-Enforcement or Correctional Officer	18.2-57.02
Assaults and Bodily Wounding – Hazing of a Student at Any School, College, or University	18.2-56
Assaults and Bodily Wounding – Hazing a Youth Gang Members	18.2-55.1

Assaults and Bodily Wounding – Maiming, Etc., of Another Resulting From Driving While Intoxicated	18.2-51.4
Assaults and Bodily Wounding – Maiming, Etc., of Another Resulting From Operating a Watercraft While Intoxicated	18.2-51.5
Assaults and Bodily Wounding – Malicious Bodily Injury by Means of Any Caustic Substance or Agent or Use of Any Explosive or Fire	18.2-52
Assaults and Bodily Wounding – Malicious Bodily Injury to Law-Enforcement Officers, Firefighters, Search and Rescue Personnel, or Emergency Medical Service Providers	18.2-51.1
Assaults and Bodily Wounding – Pointing Laser at Law-Enforcement Officer	18.2-57.01
Assaults and Bodily Wounding – Possession of Infectious Biological Substances or Radiological Agents	18.2-52.1
Assaults and Bodily Wounding – Reckless Endangerment of Others by Throwing Objects from Places Higher than One Story	18.2-51.3
Assaults and Bodily Wounding – Reckless Handling of Firearms; Reckless Handling While Hunting	18.2-56.1
Assaults and Bodily Wounding – Shooting, Etc. in Committing or Attempting a Felony	18.2-53
Assaults and Bodily Wounding – Shooting, Stabbing, Etc. With Intent to Maim, Kill, Etc.	18.2-51
Assaults and Bodily Wounding – Strangulation of Another	18.2-51.6
Assaults and Bodily Wounding – Use or Display of Firearm in Committing a Felony	18.2-53.1
Burglary	Article 2 (18.2-89 et seq.) of Chapter 5 of Title 18.2
Burglary – Breaking and Entering Dwelling House with Intent to Commit Other Misdemeanor	18.2-92
Burglary – Entering Bank, Armed, with Intent to Commit Larceny	18.2-93
Burglary – Entering Dwelling House, Etc., with Intent to Commit Larceny, Assault and Battery, or Other Felony	18.2-91
Burglary – Entering Dwelling House, Etc., with Intent to Commit Murder, Rape, Robbery, or Arson	18.2-90
Burglary – Possession of Burglarious Tools, Etc.	18.2-94
Carjacking	18.2-58.1
Crimes Against Nature Involving Children	18.2-361
Delivery of Drugs to Prisoners	18.2-474.1
Drive-By Shooting	18.2-286.1
Electronic Facilitation of Pornography	18.2-374.3
Employing or Permitting a Minor to Assist in an Act Constituting an Offense Under Article 5 (18.2-372 et seq.) of Chapter 8 of Title 18.2	18.2-379
Employing or Permitting a Minor to Assist in – Advertising, Etc., Obscene Items, Exhibitions, or Performances	18.2-376
Employing or Permitting a Minor to Assist in – Coercing Acceptance of Obscene Articles or Publications	18.2-378
Employing or Permitting a Minor to Assist in – Creation of an Image of Another	18.2-386.1
Employing or Permitting a Minor to Assist in – Display of Child Pornography or Grooming Video or Materials to a Child	18.2-374.4

Employing or Permitting a Minor to Assist in – Indecent Exposure	18.2-387
Employing or Permitting a Minor to Assist in – Obscene Exhibitions and Performances	18.2-375
Employing or Permitting a Minor to Assist in – Obscene Sexual Display	18.2-387.1
Employing or Permitting a Minor to Assist in – Possession, Reproduction, Distribution, Solicitation, and Facilitation of Child Pornography	18.2-374.1:1
Employing or Permitting a Minor to Assist in – Production, Publication, Sale, Financing Etc., of Child Pornography	18.2-374.1
Employing or Permitting a Minor to Assist in – Production, Publication, Sale, Possession, Etc., of Obscene Items	18.2-374
Employing or Permitting a Minor to Assist in – Unlawful Dissemination or Sale of Images of Another	18.2-386.2
Employing or Permitting a Minor to Assist in – Use of Communications Systems to Facilitate Certain Offenses Involving Children	18.2-374.3
Escape from Jail	18.2-477
Extortion by Threat	18.2-59
Failure to Secure Medical Attention for an Injured Child	18.2-314
Felonies by Prisoners	53.1-203
Incest	18.2-366
Malicious Wounding by Mob	18.2-41
Murder or Manslaughter	18.2-30 et seq. Article 1 of Chapter 4 of Title 18.2
Murder or Manslaughter – Felony Homicide	18.2-33
Murder or Manslaughter – Involuntary Manslaughter	18.2-36
Murder or Manslaughter – Involuntary Manslaughter; Driving a Vehicle While Under the Influence	18.2-36.1
Murder or Manslaughter – Involuntary Manslaughter; Operating a Watercraft While Under the Influence	18.2-36.2
Murder or Manslaughter – Killing a Fetus	18.2-32.2
Murder or Manslaughter – Murder, Capital	18.2-31
Murder or Manslaughter – Murder, First and Second Degree	18.2-32
Murder or Manslaughter – Murder of a Pregnant Woman	18.2-32.1
Murder or Manslaughter – Voluntary Manslaughter	18.2-35
Obscenity Offenses	18.2-374.1
Pandering	18.2-355
Possession of Child Pornography	18.2-374.1:1
Possession or Distribution of Drugs (Felony Convictions)	Article 1 (18.2-247 et seq.) of Chapter 7 of Title 18.2

Possession or Distribution of Drugs – Allowing a Minor or Incapacitated Person to be Present During Manufacture or Attempted Manufacture of Methamphetamine (Felony Convictions)	18.2-248.02
Possession or Distribution of Drugs – Assisting Individuals in Unlawfully Procuring Prescription Drugs (Felony Convictions)	18.2-258.2
Possession or Distribution of Drugs – Certain Premises Deemed Common Nuisance (Felony Convictions)	18.2-258
Possession or Distribution of Drugs – Distributing Certain Drugs to Persons under 18 (Felony Convictions)	18.2-255
Possession or Distribution of Drugs – Drug Attempts (Felony Convictions)	18.2-257
Possession or Distribution of Drugs – Drug Conspiracy (Felony Convictions)	18.2-256
Possession or Distribution of Drugs – Maintaining a Fortified Drug House (Felony Convictions)	18.2-258.02
Possession or Distribution of Drugs – Manufacturing, Selling, Giving, Distributing, or Possessing with the Intent to Distribute the Substances Gamma-Butyrolactone or 1, 4-Butanediol When Intended for Human Consumption (Felony Convictions)	18.2-251.3
Possession or Distribution of Drugs – Manufacturing, Selling, Giving, Distributing, or Possessing with the Intent to Manufacture, Sell, Give, or Distribute Any Anabolic Steroid (Felony Convictions)	18.2-248.5
Possession or Distribution of Drugs – Manufacturing, Selling, Giving, Distributing, or Possessing with Intent to Manufacture, Sell, Give, or Distribute a Controlled Substance or an Imitation Controlled Substance (Felony Convictions)	18.2-248
Possession or Distribution of Drugs – Manufacturing, Selling, Giving, Distributing, or Possessing with Intent to Manufacture, Sell, Give, or Distribute Methamphetamine (Felony Convictions)	18.2-248.03
Possession or Distribution of Drugs – Obtaining Drugs, Procuring Administration of Controlled Substances, Etc., by Fraud, Deceit, or Forgery (Felony Convictions)	18.2-258.1
Possession or Distribution of Drugs – Possession and Distribution of Flunitrazepam (Felony Convictions)	18.2-251.2
Possession or Distribution of Drugs – Possession of Controlled Substances (Felony Convictions)	18.2-250
Possession or Distribution of Drugs – Sale, Gift, Distribution, or Possession with Intent to Sell, Give, or Distribute Marijuana (Felony Convictions)	18.2-248.1
Possession or Distribution of Drugs – Sale or Manufacture of Drugs On or Near Certain Properties (Felony Convictions)	18.2-255.2
Possession or Distribution of Drugs – Transporting Controlled Substances into the Commonwealth (Felony Convictions)	18.2-248.01
Robbery	18.2-58
Sexual Assault	Article 7 (18.2-61 et seq.) of Chapter 4 of Title 18.2
Sexual Assault – Aggravated Sexual Battery	18.2-67.3
Sexual Assault – Attempted Aggravated Sexual Battery	18.2-67.5
Sexual Assault – Attempted Forcible Sodomy	18.2-67.5

Sexual Assault – Attempted Object Sexual Penetration	18.2-67.5
Sexual Assault – Attempted Rape	18.2-67.5
Sexual Assault – Attempted Sexual Battery	18.2-67.5
Sexual Assault – Carnal Knowledge of Certain Minors	18.2-64.1
Sexual Assault – Carnal Knowledge of a Child Between 13 and 15 Years of Age	18.2-63
Sexual Assault – Carnal Knowledge of an Inmate, Parolee, Probationer, Detainee, or Pretrial or Post Trial Offender	18.2-64.2
Sexual Assault – Forcible Sodomy	18.2-67.1
Sexual Assault – Infected Sexual Battery	18.2-67.4:1
Sexual Assault – Object Sexual Penetration	18.2-67.2
Sexual Assault – Rape	18.2-61
Sexual Assault – Sexual Abuse of a Child under 15 Years of Age	18.2-67.4:2
Sexual Assault – Sexual Battery	18.2-67.4
Stalking (Felony Convictions)	18.2-60.3
Taking Indecent Liberties with Children	18.2-370; 18.2-370.1
Threats of Death or Bodily Injury	18.2-60
Use of a Machine Gun in a Crime of Violence	18.2-289
Use of a Sawed-Off Shotgun in a Crime of Violence	Subsection A of 18.2-300
Violation of a Protective Order (Felony Convictions)	18.2-60.4; 16.1-253.2

Instructions for completing the Criminal History Record/Sex Offender and Crimes Against Minors Registry Request Form
(Please read the following General Instructions)

PURPOSE OF THIS REQUEST:	Check type of name search(es) requested for Criminal History Search. Dissemination of criminal history records are processed in accordance with Section 19.2-389, <u>Code of Virginia</u> , governing the program for which the search is requested.
NAME TO BE SEARCHED:	Type the full name (last, first middle [no initials] and maiden name (if applicable), sex, race, date of birth, and complete address of person whose name is to be searched against the master criminal name file and/or the Sex Offender and Crimes Against Minors Registry. Note: Signature of person making request is required. Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Social Security Numbers provided will be used to help identify the proper record and will be used for no other purpose.
NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:	Agency, Individual or Authorized Agent Making Request: Your agency identification serves as the mailing label for the State Police to return the search results. This information is also reviewed to ensure requestor is statutorily entitled to use this form to request a criminal name search.
FEES FOR SERVICE:	Indicate the fee for the service requested.
METHOD OF PAYMENT:	Method of Payment: Certified Check, Money Order, Company/Business check, MasterCard or Visa. For charge account: provide charge account number issued by Virginia State Police.

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.

Mailing Instructions:

Mail to: Virginia State Police
CCRE – Attention: New Form
P.O. Box 85076
Richmond, Virginia 23261-5076

Search Fee \$10.00

INSTRUCTIONS

Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

Read all instructions before completing the form: (Incomplete forms will be returned)

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate “initial only” otherwise, enter a full middle name given at birth.
3. For “other names used” list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write “N/A”.
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier’s check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)

All money orders, company/business checks, or cashier checks should be made payable to:
Virginia Department of Social Services.

Personal checks and cash will not be accepted.

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services
Office of Background Investigations - Search Unit
801 East Main Street, 6th Floor
Richmond, VA 23219-2901**

Search Fee \$10.00

Purpose of Search, Check one: Adam Walsh Law Adoptive Parent Babysitter/Family Day Care
 CASA Children’s Residential Facility Custody Evaluation Day Care Center Foster Parent
 Institutional Employee Other Employment School Personnel Volunteer Other

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name			Payment/FIPS Code (Use only if assigned by OBI-CRU)		
Address					
City	State	Zip			
Contact Name	Tel.#	Ext			
Contact E-Mail	Mandatory if agency code has been assigned				

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

Last Name	First Name	Full Middle Name – (given at birth) - No initials (if middle name is an initial, indicate "Initial Only")			
Maiden Name (last name before marriage)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Race		
Driver’s License Number or ID #	Social Security Number	Other names used; nicknames, legal names (refer to instruction page)			
Current Address (Include Street # and Apt #)	City	State	Zip		

Applicant’s Prior Addresses

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

Marital Status Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



Search Fee \$10.00

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person whose name is being searched
(Sign in presence of Notary)

Parent or Guardian signature required for minor
children under the age of 18

PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, year _____

Notary Public Signature **Botary Number**

My Commission Expires: _____

Notary Seal

PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. _____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept. of Social Services in reference to referral _____ phone# _____

_____ Dept. of Social Services in reference to referral _____ phone# _____

3. _____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI Staff Only



VOLUNTEER APPLICATION

EMERGENCY CONTACT INFORMATION

(Please provide us with two contacts in case of emergency)

Volunteer Information:		
Name: _____	Position: _____	Classroom Volunteer
Mailing Address: _____		
City	State	Zip Code
Physical Address: _____		
City	State	City
Phone: _____		
Primary	Secondary	
Email: _____		
Emergency Contacts:		
Name #1: _____	Relationship: _____	
Address: _____	Phone: _____	
City	State	Zip Code
Name #2: _____	Relationship: _____	
Address: _____	Phone: _____	
City	State	Zip Code
Medical Information:		
Physician: _____	Phone: _____	
Insurance/HMO: _____	Phone: _____	
Allergies: _____	Blood Type/Group: _____	

Signature

Date

Helping People. Changing Lives. Making a Difference.

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VOLUNTEER APPLICATION

Confidential Statement

I understand that as a volunteer for the Williamsburg-James City County Community Action Agency, all information on families is confidential. I will not discuss the contact on files that I may come in contact with. If there are any concerns, I will discuss them with the person assigned as my immediate supervisor.

Name _____

Applicant's Signature: _____

Date: _____

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