



MISSISQUOI VALLEY SCHOOL DISTRICT

100 Robin Hood Drive, Suite 2
Swanton, VT 05488
Tel: (802) 868-4967 Fax: (802) 868-4265

TITLE 16 REQUEST FOR CRIMINAL RECORD CHECK SCHOOL VOLUNTEER

____ First Submission

____ Request for Secondary Dissemination from: _____
(name of school that completed original record check)

Please note it is the responsibility of the applicant to prove continuous employment at an approved/recognized school inside the state of Vermont with no break of service of one year or more since the original Criminal Record Check submission.

APPLICANT: _____
LAST NAME FIRST NAME MIDDLE NAME

MAIDEN OR OTHER NAMES USED: _____

ADDRESS: _____

GENDER: _____ RACE: _____ SOCIAL SECURITY NUMBER: XXX-XX- _____

PLACE OF BIRTH: _____
CITY/TOWN STATE COUNTRY

DATE OF BIRTH _____ TELEPHONE NUMBER: _____
AREA CODE/ NUMBER

I, _____ hereby acknowledge and agree to a check of any record of criminal convictions per the VSA, Title 16, Chapter 5, Sub chapter 4, which may be maintained by the Vermont Crime Information Center, criminal record repositories of other states where I have been employed or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following states:

I understand that the results of that check will be made available to: Missisquoi Valley School District for use in reviewing my suitability for employment. I further understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings in writing to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

SIGNATURE OF APPLICANT: X _____ DATE: _____

(Signed in Presence of school official)

IDENTITY VERIFIED BY:

X _____ DATE: _____

SCHOOL OFFICIAL



Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060

AND

Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

**** This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: _____ Gender: _____
LAST FIRST Middle Initial

Address: _____

Last four digits of social security number: XXX-XX _____

Phone number: _____ Birth Date: _____ Place of Birth: _____
City, State, Country

Other FIRST names I have used, if any (i.e. Nicknames, Aliases): _____
(Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): _____
(Type or Print)

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:

(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date

FORM D

Applicant's Name:

Please circle which school you wish to volunteer in:

Swanton

Highgate

Franklin

M V U

Student's Name:

Student's current grade:

Student's Name:

Student's current grade:

Student's Name:

Student's current grade:

If you have more than (3) students, please continue to the bottom of page.

