



Application/Request for Clearance Approval for
School Volunteer/Chaperone

**** (Must be approved by Principal prior to processing)**



Last Name _____ First Name _____

Present Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell: _____

Email: _____

Describe what your role with students will be: _____

Name of school/campus: _____

Do you possess a current fingerprint card? Sample
YES _____ (if yes, please attach card issued by DPS)

NO _____

Have you ever volunteered in the CCUSD district?

YES _____ NO _____ If yes, what year? _____

DEPARTMENT OF PUBLIC SAFETY
Level One Fingerprint Clearance Card

Name: MAURICE J. SAMUEL
Birth Date: 06/12/1961 Issue Date: 11/08/2011
M Sex 200 Weight 5 8 Height BLU Eyes BLK Hair
Card Number: 2A01775312 Expire Date: 11/08/2017
IVP0274532

THIS FINGERPRINT CLEARANCE CARD WAS ISSUED

Please note that volunteers do not receive fingerprint clearance cards.

I certify that the information presented herein is true, accurate, and complete. I authorize the investigation of all statements contained herein and hold harmless anyone providing truthful information in response to the District. I also authorize the Cave Creek Unified School District to run FBI Criminal Background and Fingerprint checks prior to my placement as a Volunteer/Chaperone. I understand that my placement is not finalized until the FBI Criminal Background and Fingerprint checks have been completed. I understand that any falsification, misrepresentation or omission may be cause for placement denial.

Signature of Volunteer: _____ Date _____

****APPROVED BY:**

Principal/Administrator Date _____

For HR Office Use Only:

F/P Date: _____ B/G: _____ B/G: Appr'd: _____ D/L: _____ Affidavit Notarized: _____

F/P Clearance Card (if applicable) Expiration Date of card: _____ Completed/Entered: _____

Social Security Number:

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Date of Birth – used for identification purposes only

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First Name	Middle Name	Last Name
Other Names Used		

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past **seven years**:

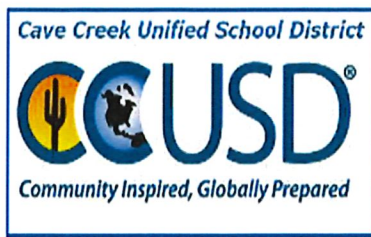
City	State	Zip Code	From Date	To Date	

Driver's License Number	State of Issue
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FOR EMPLOYER USE ONLY — Account #000136 — FOR EMPLOYER USE ONLY
Please choose from one the following package options:

[] New Arizona Employee [] New **Out of State** Employee [**XX**] Volunteer

Special Instructions:



DISCLOSURE REGARDING
BACKGROUND INVESTIGATION

Cave Creek School District #93 ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature

Date

Print Name: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Cave Creek School District #93 ("the Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)*

Driver License State / Number

Date of Birth*

Current Address

City, State and Zip Code

*SSN and DOB will be used for identification purposes and will not be used as selection criteria.
FCRA:EMPLOYMENT:000136:201501

CAVE CREEK UNIFIED SCHOOL DISTRICT AFFIDAVIT

I, _____, being first duly sworn upon my oath, hereby state the following:
That I have never been convicted of, admitted committing, nor am I awaiting trial on any of the following criminal offenses in this state or similar offenses in another jurisdiction.

A.R.S. § 15 – 512 (D)

1. Sexual abuse of a minor.
2. Incest.
3. First or second degree murder.
4. Kidnapping.
5. Arson.
6. Sexual assault.
7. Sexual exploitation of a minor.
8. Felony offenses involving contributing to the delinquency of a minor.
9. Commercial sexual exploitation of a minor.
10. Felony offenses involving sale, distribution, or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous or narcotic drugs.
11. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
13. Burglary in the first degree.
14. Burglary in the second or third degree.
15. Aggravated or armed robbery.
16. Robbery.
17. A dangerous crime against children as defined in section § 13-705
18. Child abuse.
19. Sexual conduct with a minor.
20. Molestation of a child.
21. Manslaughter.
22. Aggravated assault.
23. Assault.
24. Exploitation of minors involving drug offenses.

A.R.S. § 13-705 (P).1 prohibits any of the following criminal offenses against children:

1. "Dangerous crime against children" means any of the following that is committed against a minor who is under fifteen years of age:
 - (a) Second degree murder.
 - (b) Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument.
 - (c) Sexual assault.
 - (d)) Molestation of a child.
 - (e) Sexual conduct with a minor.
 - (f) Commercial sexual exploitation of a minor.
 - (g) Sexual exploitation of a minor.
 - (h) Child abuse as prescribed in section 13-3623, subsection A, paragraph 1.
 - (i)) Kidnapping.
 - (j) Sexual abuse.
 - (k) Taking a child for the purpose of prostitution as prescribed in section 13-3206.
 - (l) Child prostitution as prescribed in section 13-3212.
 - (m) Involving or using minors in drug offenses.
 - (n) Continuous sexual abuse of a child.
 - (o) Attempted first degree murder.
 - (p) Sex trafficking.
 - (q))) Manufacturing methamphetamine under circumstances that cause physical injury to a minor.
 - (r) Bestiality as prescribed in section 13-1411, subsection A, paragraph 2.
 - (s) Luring a minor for sexual exploitation.
 - (t) Aggravated luring a minor for sexual exploitation.
 - (u) Unlawful age misrepresentation.

I SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION COMPLETED BY ME, OR SUBMITTED BY ME FOR EMPLOYMENT PURPOSES, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHERMORE, SHOULD ANY PART OR ALL OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR TERMINATION, SUSPENSION, OR OTHER DISCIPLINARY ACTION.

I UNDERSTAND THAT SUBMITTING INFORMATION INCONSISTENT WITH THAT RECEIVED FROM THE FINGERPRINT CHECK MAY RESULT IN TERMINATION.

Please sign in the presence of a notary:

Signature

Date

Signed and Witnessed *before me* this _____ day of _____, 20____, as Notary Public for the Cave Creek Unified School District #93.

Notary Public

(Notary Seal):

My Commission Expires