National Child Protection Act / Volunteers for Children Act (NCPA/VCA)
Background Check Request

The organization below is asking you to provide personal data, which may include private information about yourself, including name, address, date of birth, and fingerprints. You are not required to provide personal data. However, if you do not provide the personal data requested, the organization and Minnesota Bureau of Criminal Apprehension (BCA) will not be able to process the background check. Failure to provide the data requested may result in a loss of employment/licensing/housing or other opportunity. The BCA requires this personal data to perform a search of its systems, tell you apart from other people with the same or similar name, to conduct a background investigation, and to determine eligibility. Any personal information you provide may be shared with people who need the data in order to do their jobs, as allowed by state and federal law, including: employees of the organization requesting the background check, others you've given authorization to access the data, BCA employees, the Federal Bureau of Investigation (FBI), the organization authorized to receive the records, the state or legislative auditor, to comply with a court order, and anyone else to whom the law says we must or can give the information. Unless specifically defined as "private" or "confidential", all data is defined as "public" under the terms of the Minnesota Government Data Practices Act and may be disclosed upon request.

☐ Check box: I have read the above notice. I understand that information may be shared with others in accordance with the Minnesota Government Data Practices Act.

The criminal history record checks performed under the National Child Protection Act (NCPA), as amended by the Volunteers for Children Act (VCA) and Child Protection Improvements Act, and Minnesota Statutes, §299C.60-64 will determine if you, as a covered individual (current or prospective employee, volunteer, or owner/operator), have been convicted of crimes that bear upon your fitness to have access and/or responsibility for the safety and well-being of children, the elderly, or individuals with disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks). Pursuant to the NCPA/VCA and Minnesota Statutes, §299C.60-64, this form must be completed and signed by any current or prospective employee, volunteer, or owner/operator for whom criminal history records are requested by a Qualified Entity (QE). QEs are business or organizations, whether public, private, for-profit or voluntary, that provide care (including treatment, education, training, instruction, supervision, recreation) or care placement services, or license/certify others who provide care to children, the elderly, or individuals with disabilities.

Please type or print your responses. All answers must be legible. ***Fill in all fields. If the answer for a field is "no", "N/A" or "none", provide that response. If more space is needed for any item, attach a separate sheet.***

Qualified Entity to Receive Records

Qualified Entity Name: United Way of Northeastern Minnesota
Qualified Entity Street Address: 608 East Drive
City, State, Zip Code: Chisholm, MN 55719
Qualified Entity Account Number: T182152570

Covered Individual Personal Data

Last Name*:
First Name*:
Middle Name* (if applicable):
Maiden, Alias or Former Name(s) (if applicable):
Date of Birth* (format: MM/DD/YYYY):
Position Applied For: Lunch Buddies Mentor
I am a current or prospective (check one): ☐Employee ☑Volunteer ☐Owner/Operator
I have been convicted of or pled guilty to a crime (check one): ☐No ☐Yes

*as it appears on a valid identification document issued by a governmental agency

If yes, please provide a description of the crime and the particulars of the conviction:

☐ **Check Box: Federal Criminal History Check**

(**Contributor, please check this box if requesting a federal check and include fingerprint card, the NCPA/VCA consent form and appropriate fee.**)

I hereby authorize the requesting QE to submit a set of my fingerprints to the BCA and FBI for the purpose of accessing and reviewing state and national criminal history records that may pertain to me to determine my suitability. I further understand the following:

- My fingerprints will be used to check the criminal history records of the BCA and the FBI; and
- I can receive a copy of the national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30-16.34;

☐ **Check box: Predatory Offender Registry Authorization**

(**Contributor, please check this box if requesting a Predatory Offender Registry check.**)

By checking this box and signing this consent form, you are authorizing the BCA to check the Minnesota Predatory Offender Registry for records about you, including, but not limited to, information related to offenses which may have occurred when you were a juvenile.

Please be advised

The QE may choose to deny me access to persons to whom the QE provides care until the criminal history record check is completed.

I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

Records obtained as a result of this check may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.

You may challenge the accuracy or completeness of any information contained in the records by using the procedures set forth in Minnesota Statutes, §13.04 or Title 28 Code of Federal Regulations, §16.34.

Criminal History Check Authorization

By signing this waiver, it is my intent to authorize the dissemination of any state or national criminal history record which may pertain to me, to the requesting QE, or in the case of a private entity, a notification as to whether I am fit for the aforementioned position. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature*: _____ **Date:** _____

Must be live/wet signature

*as it appears on a valid identification document issued by a governmental agency