



Records, Communications and Compliance Division  
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[www.rccd.nv.gov](http://www.rccd.nv.gov)

## **NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993 AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT**

Applicant:

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer; (b) by which you are employed or serve as a volunteer; or (c) which provides care to someone to whom you have or may have unsupervised access, may request a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints.
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is a type or commonly accepted for the purpose of identification of individuals 18 U.S.C. §1028(d)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) has been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of any background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by entity performing the background check. Such request for a copy of your criminal history record and any challenge to the accuracy of such record should be addressed to the entity or the Nevada Department of Public Safety.
5. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

**THE FOLLOWING MUST BE COMPLETED BY APPLICANT**

PLEASE **PRINT** THE FOLLOWING INFORMATION:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
---As listed on \_\_\_\_\_  
Identification document --- \_\_\_\_\_

- I have not been convicted of nor am I under pending indictment for any crimes.
- I have been convicted of, or am under pending indictment for the following crimes. **You are required** to provide dates, locations/jurisdictions, circumstances and outcome of each conviction and/or pending indictment. Attach a separate sheet if additional space is needed.

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Additional attachments included: Yes No

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
*Applicant's Signature*

**THE FOLLOWING MUST BE COMPLETED BY THE AUTHORIZED RECIPIENT**

Identification Type: \_\_\_\_\_  
*(Passport, Driver's License, ID card, etc.)*

Country/State: \_\_\_\_\_ Document Number: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
*Authorized Recipient's Signature*