



VOLUNTEER and EMPLOYEE CRIMINAL HISTORY SYSTEM (VECHS)
APPLICANT WAIVER AGREEMENT and STATEMENT

For criminal history record information pursuant to the National Child Protection Act of 1993, as amended by the Volunteer for Children Act.

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, and volunteer for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (enter name of Qualified Entity) _____

to submit a set of my fingerprints to the Nevada Department of Public Safety Records (DPS) - Records, Communication and Compliance Division (RCCD) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) and pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34, I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, if Qualified Entity policy permits, the Qualified Entity may provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

I am a current or prospective (check one): [] Applicant [] Employee [] Volunteer

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 (or) [] I have been convicted of/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.

Applicant Signature: _____ Date: _____

To be completed by Qualified Entity Authorized Personnel:

Print Name: _____

Signature: _____ Date: _____