

DIRECTIONS FOR GETTING YOUR DOJ BACKGROUND CHECK DONE (LIVE SCAN)

Go to the Office of the Attorney General <http://oag.ca.gov/>

Go to the bottom of the page under RESOURCES

Then click on BACKGROUND CHECKS

Then click on CRIMINAL RECORDS-REQUEST YOUR OWN

Use the California Residents form BCII 8016RR (live scan)

Take it to the nearest sheriff's department that can do the fingerprinting and send in the form. You should have your background check back in two weeks.

NOTE: In the space that says "Reason for Application" put PERSONAL.

Do not put any other reason other than just PERSONAL.

Cost may include the items below....

Live Scan \$40 DOJ \$25 Sheriff Dept fee \$17

Volunteer Applicant Name _____
 Institution _____

| | |
|--|----------------------------------|
| <u>INSTITUTION USE ONLY</u> | |
| <input type="checkbox"/> New Volunteer | <input type="checkbox"/> Renewal |

5. Have you ever been arrested and/or convicted of any offense? Yes No *If yes, list all detentions, arrests, and/or convictions. Attach additional sheet(s), if necessary.*

| Offense | Approx. Date | Disposition (Dismissed, Probation, Jail, Prison, etc.) | County | State | Country |
|---------|--------------|--|--------|-------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

6. Are you currently on parole or probation? Yes No *If yes, list name, telephone number and county of parole agent/probation officer.* _____

7. Are you discharged from prison or parole? Yes No *If yes, list date of discharge, name of institution, and attach letter addressed to the Warden outlining circumstances.*

(If information is not disclosed or inaccurate information is provided, your application may not be approved)

I certify that:

- > No salaries, wages, or unemployment benefits are to be paid for volunteer services.
- > There is no Worker's Compensation provided.
- > Use of State supplies may be permitted when directed to do so.
- > I must attend any required training as directed.
- > I have read and understand the CDCR Primary Laws, Rules, and Regulations Regarding Conduct and Association with State Prison Inmates (CDCR Form 181).
- > I authorize CDCR to obtain information from law enforcement sources regarding my criminal history.
- > I understand that I must notify the Community Resources Manager immediately in the event there is any change to any of the information I have provided.

The information you provide is entered and stored in a secure electronic database for a minimum of three years. By signing this application, you acknowledge and agree to this process.

 Applicant's Signature

 Date

VOLUNTEERS WITH DISABILITIES: If you have special requirements related to your disability (medical implants, prosthetic devices or requiring mobility assistive devices, i.e., crutches, walkers, braces, wheelchairs, battery operated or custom prescribed wheelchairs, guide dog for the visually or hearing impaired, insulin kit with syringes, etc.) you will need to attach a verifying statement from your physician. Volunteers with guide dogs will need to provide the dog's certification paperwork upon visit check-in. The CDCR will make every effort to provide reasonable accommodations for all qualified/eligible volunteers with disabilities in keeping with the safety and security of the institution and the public. If you have any questions and/or concerns, please contact the Community Resources Manager.

Volunteer Applicant Name _____
Institution _____

INSTITUTION USE ONLY

New Volunteer Renewal

SECTION II: To be Completed by CDCR Staff

Purpose of Entry (Circle specific program):

Activity Group Religious

Name of Program: _____

Location of Volunteer Service (List institution and location, example: chapel, Facility A, classroom #, etc.): _____

Duration of volunteer service: (ie, one, two or more months): _____

Day(s) of Week (circle): M T W Th F S Su Hours _____

Escort: Yes No

TB Test Required: Yes No (Annual TB Testing is required for all volunteers with more than 6 months of volunteer service)

Print Name/Classification _____

Signature _____

Date _____

COMMUNITY RESOURCES MANAGER

Reviewed and submitted for background clearance

Signature _____

Date _____

CUSTODY STAFF

NLETS Cleared Yes No

NLETS Cleared Date: _____

Needs further review

Signature _____

Date _____

WARDEN/WARDEN'S DESIGNEE

APPROVED DISAPPROVED

Signature _____

Date _____

FOR USE BY CRM ONLY

GATE CLEARANCE ONLY

Background clearance (NLETS) date: _____

Live Scan Date/Location: _____

(required after six months of volunteer service)

Verification of TB Test provided:

Yes No N/A (if less than 6 months):

Date: _____

Copy of Volunteer Emergency Notification (CDC-894) sent to:

Control Yes No

Watch Office Yes No

FOR USE BY PERSONNEL ONLY

VOLUNTEER IDENTIFICATION CARD (ID CARD)

Title: **VOLUNTEER** (For all volunteer ID Cards)

Live Scan: _____

(Date/Location required after six months of volunteer service)

Verification of TB Test provided:

Yes No N/A (if less than 6 months):

Date: _____

Date ID Card Issued: _____

ID Card Expiration Date: _____

Thumb Print Date: _____

ID Picture Date: _____

Copy of Volunteer Emergency Notification (CDC-894) sent to:

Control Yes No

Watch Office Yes No

Comments: _____

