



Background Check

(Part 1)

Thank you for your willingness to assist the school in various capacities (i.e. classroom rotations, supervision, chaperoning/driving for field trips and after-school activities). It is necessary for each of our volunteers to obtain a background check so that we can consistently maintain a high standard for all those who are working with our students.

Please fill out the form below and submit it to the front office along with a check for \$20 written out to Renaissance Academy. The background check is completed electronically. Thank you for your cooperation we look forward to working together to ensure a successful school year.

First Name:	Middle Name:	Last Name:
DOB:	SSN:	Male Female <i>(circle)</i>
DR LIC #	Expiration Date:	
Formerly used last names:		
First and Last Name of Student(s):		

WAIVER

Qualifying Entity: Renaissance Academy
Address: 3435 N. 1120 E. Lehi, UT 84043

By signing this form, I authorize the Utah Bureau of Criminal Identification (BCI) to access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities and convey that determination to the qualified entity. Utah BCI shall make reasonable efforts to respond to the inquiry within 15 business days. I do hereby release Utah BCI, all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information. I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

 Prospective Employee/Volunteer Signature

 Date

 Qualifying Entity Representative Signature

 Date

RETURN FORM TO:
 Renaissance Academy
 3435 N. 1120 E.
 Lehi, UT 84043
FAX 801_768-4295 801_768-4202 ext. 5034



Background Check

(Part 2)

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

To the Applicant:

The Volunteers for Children Act (VCA) (Public Law 105-251, sections 221 & 222) 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 certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have 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.
2. 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 the state government agency 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 Utah BCI located at 3888 W 5400 S in Salt Lake City, Utah. Please contact the fingerprint supervisor at (801) 965-4569 to set up an appointment to challenge the accuracy and completeness of the information. Supporting documentation will be kept on file at Utah BCI for 6 months, so challenges must be made within this time period.
3. Prior to completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

I have read and understand the above.	
First and Last Name of Student(s)	
Signature of Parent/Guardian:	Date:

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