



CITY OF
CLAREMONT

**Persons Convicted of Sexual Offenses
Prohibited from Child Care Service**

RSA 632-A:10 effective January 1, 1989, makes it a Class A felony offense for any person convicted of “any felonious physical assault on a minor, or of any sexual assault,” to knowingly undertake employment or volunteer service involving the care, instruction or guidance of minor children.” It is further a Class B felony to knowingly fail to provide information of such conviction when applying or volunteering for services or employment. The statute states:

632-A:10 Prohibition from Childcare Service of Persons Convicted of Certain Offenses.

I. A person is guilty of a Class A felony if, having been convicted in this or any other jurisdiction of any felonious offense involving child pornography, or a felonious physical assault on a minor, or of any sexual assault, (s)he knowingly undertakes employment or volunteer service involving the care, instruction or guidance of minor children, including, but not limited to, service as a teacher, a coach, or worker of any type in child athletics, a day care worker, a boy or girl scout master or leader or worker, a summer camp counselor or worker of any type, a guidance counselor or a school administrator of any type.

II. A person is guilty of a Class B felony if, having been convicted in this or any other jurisdiction of any of the offenses specified in paragraph I of this section, (s)he knowingly fails to provide information of such conviction when applying or volunteering for service or employment of any type involving the care, instruction, or guidance of minor children, including, but not limited to, the types of services set forth in paragraph I.

III. A person is guilty of a Class B felony if, having been convicted in this or any other jurisdiction of any of the offenses specified in paragraph I of this section, (s)he knowingly fails to provide information of such conviction when making application of initial teacher certification in this state.

It is appropriate to ask and obtain a signed acknowledgment to the following question on an application to become a volunteer:

Have you ever been convicted of an offense specified in paragraph I above (involving child pornography or physical assault on a minor or sexual assault)?

YES _____ NO _____

Signature _____ Date _____

Witness _____



Release and Notification Form for FCRA

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize the City of Claremont and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment/volunteer now and, if applicable, during my tenure with the City.

I, _____, hereby release the City of Claremont and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name
(Printed) _____

Maiden Name or Other Names Used _____

Present Address _____ How Long? _____

City/State _____ Zip Code _____

Former Address _____ How Long? _____

City/State _____ Zip _____

*Date of Birth Social Security Number Driver's License Number State of License

Signature _____ Date _____

Signature of parent/guardian if minor _____ Date _____

**NOTE: The above information is required for identification purposes only, and is in no manner used as qualification for employment/volunteer. The City of Claremont is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.*



Volunteer Application for the PROTECT Act

On April 30, 2003, President Bush signed into law the Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today Act of 2003 (PROTECT Act), which permits local organizations to obtain national and state criminal history background checks of volunteers and volunteer applicants through fingerprint checks of those volunteers.

Pursuant to the PROTECT Act, the City of Claremont may obtain the fingerprints of its volunteers. It may request a national criminal background check using the volunteer's fingerprints. It may also request a separate fingerprint-based criminal background check from the state of New Hampshire. The purpose of the background checks is to determine the fitness of the volunteer to provide care to children.

Background checks will access criminal history record information held by the Federal Bureau of Investigation (FBI) and/or state criminal justice agencies. Information obtained through the FBI will be referred to the National Center for Missing & Exploited Children ("NCMEC"), which will make a determination of the volunteer's fitness and will forward this information to the City of Claremont.

Pursuant to the PROTECT Act, to obtain an FBI criminal background check, you must provide us with:

1. A set of fingerprints;
2. Your name, address and date of birth (as it appears on an official government ID);
3. A photocopy of an official government ID (preferably the same as that used to verify name, address and date of birth);
4. A statement of whether you have a criminal record and, if so, the particulars of such record (below).

By signing this statement, you:

1. Authorize the City of Claremont to obtain a complete set of your fingerprints and acknowledge that the state and/or Attorney General may perform a criminal background check on you
2. Acknowledge that the City of Claremont has the sole discretion to determine a volunteer's status, if the volunteer's background check result is favorable, unfavorable, or indeterminate.
3. Acknowledge that prior to the completion of the background check, the City of Claremont has the sole discretion to deny you unsupervised access to children.
4. Acknowledge that you have the right to correct an erroneous record held by the state and/or Attorney General. You may do so by obtaining a criminal history record from the FBI and challenging its accuracy and completeness. The PROTECT Act also requires you to provide the following information along with a photocopy of a valid identifying document containing the following information.
4. Release and discharge the City of Claremont and NCMEC, and their respective current and former officers, directors, shareholders, partners, trustees, representatives, employees, attorneys, and agents of and from any and all liability and/or claims for damage, either direct or indirect, that I, my heirs, executors, beneficiaries, agents, assigns, or administrators may have arising from or related to the fingerprint testing and/or name-based checking; the disclosure, reporting, or use of the results:

First Name Middle Name (Maiden Name) Last Name Date of Birth

Street Apartment

City State Zip



CITY OF
CLAREMONT

**VOLUNTEER WAIVER, RELEASE, AND AUTHORIZATION
TO COLLECT FINGERPRINTS AND DISCLOSE RESULTS**

I do hereby give my voluntary consent for my fingerprints to be taken and submitted for background check purposes. I also give my voluntary consent for my name, social security number, date of birth and address to be submitted to the FBI. I understand that the FBI will forward the results to the National Center for Missing & Exploited Children ("NCMEC") and NCMEC will make a fitness determination based on the results of the criminal history record check. I understand that NCMEC will disseminate the fitness determinations on a confidential basis to the City of Claremont where I volunteer or where I have applied to volunteer. I understand that NCMEC and the City of Claremont are the only entities that will be able to match my fitness determination to my name and the City of Claremont has the sole discretion to determine my volunteer status and whether the background check results are unfavorable. I understand that these results will be held in confidence, unless disclosure is otherwise required by law.

I understand that I may obtain a form from the City of Claremont permitting me to request that the FBI or the background check company, if any, release a copy of my criminal history record information to me in the event that I wish to discuss with the City of Claremont the basis for a NCMEC fitness determination.

I hereby agree to forever WAIVE, RELEASE, AND DISCHARGE the City of Claremont and NCMEC, and their parents, subsidiary and affiliated companies, and all of their respective current and former officers, directors, shareholders, partners, trustees, representatives, employees, attorneys, and agents (collectively the "Releasees") from any and all liability and/or claims for damage, either direct or indirect, that I, my heirs, executors, beneficiaries, agents, assigns, personal representatives or administrators may have arising from or related to the fingerprint testing and/or name-based checking; the disclosure, reporting, or use of the results, of the testing; or any acts or omissions of the testing laboratory. I covenant not to sue any of the Releasees with respect to any actions related to the Pilot Program, as it may be extended by the federal government. I agree that copies of this original shall have the same force and effect as the original.

I have read the above information in its entirety and understand it. I acknowledge that my signing this document is a voluntary act on my part and that I have not been coerced into signing this document by anyone. In witness whereof, I have signed and executed this document on the date indicated below:

Print your name _____

Social Security Number _____

Date of Birth _____

Street Address _____

City _____

State _____ Zip Code _____

Signature _____ Date _____

WITNESS: _____

Consumer Reports Disclosure

Pursuant to the Fair Credit Reporting Act and its amendments, 15 U.S.C. §§ 1681 -1681(u), as amended, you are hereby notified that a consumer report may be requested and obtained from a consumer reporting agency by the City of Claremont for the purpose of evaluating you for a volunteer or employment position with the City of Claremont.

The report may contain information bearing on your character, general reputation, personal characteristics, or mode of living, including but not limited to criminal and driving records, and education and prior employment verification. The report may be obtained from public or private sources.

Authorization to Request and Obtain Consumer Reports

I have read the foregoing Consumer Reports Disclosure and understand its contents. I hereby authorize the City of Claremont to request, obtain, and examine the above-referenced consumer reports at any time during the application process or during my service as a volunteer and as often as the City of Claremont deems appropriate. I expressly release and hold harmless the City of Claremont from requesting, obtaining, examining, and/or utilizing such information for the purpose of evaluating me for a volunteer position.

Print your name _____

Social Security Number _____

Date of Birth _____

Street Address _____

City _____

State _____ Zip Code _____

Signature _____ Date _____

Sworn and subscribed before me on this _____ day of _____, 200__.

Notary Public
My commission expires:



CITY OF
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Volunteer Appointment

Dear _____:

You are hereby recognized as a volunteer for the City of Claremont for the purpose of participating in the following program or project:

(Program/Project Title)

(Date of Program/Project)

Your tenure as a volunteer will continue until the earlier of your resignation, the end of the program or project or your termination by the City. The purpose of this letter is to comply with the provisions of RSA 507:17, the volunteer immunity law, as it may be amended from time to time.

Thank you for your service.

Authorized City Official

Date

VOLUNTEER APPLICATION FORM

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ SEX _____

I AM INTERESTED IN VOLUNTEERING FOR (what age group and sport):

DAYS AND TIMES YOU ARE AVAILABLE:

M: _____ T: _____ W: _____ TH: _____ F: _____

SAT: _____ SUN: _____

PREVIOUS EXPERIENCE IN YOUTH PROGRAMS, SKILLS, & INTERESTS

LIST ANY CERTIFICATIONS _____

CURRENT EMPLOYER _____

PERSONAL REFERENCES (Not a relative)

(Name) (Address) (Phone)

(Name) (Address) (Phone)

I release, absolve, and hold harmless the GCC, Parks & Recreation Dept., and staff in case of injury to myself/son/daughter. I also authorize that necessary medical attention be given by a qualified physician in the event of an emergency.

(Name)

(Date)

RETURN TO:

Claremont Parks & Recreation Department
152 South Street
Claremont, NH 03743