**Authorization for Electronic Fingerprints (LiveScan)**
**Wasatch Waldorf Charter School**

This form must be presented by the applicant to the person doing the fingerprinting, at the time the fingerprints are captured. The form must be printed (cannot be shown electronically on a phone as an email attachment).

**Fingerprints can be done at the BCI office located at:**
4315 South 2700 West
Suite 1300
Taylorsville, UT 84129
**Phone:** 801-281-5193
**Fingerprints are done by appointment only,** so you must call ahead at the phone number above to schedule an appointment, or go to bci.utah.gov and click on the "schedule your fingerprint appointment" icon.

**There is a fee of $15,** which is paid by the applicant at the time of fingerprinting.

Please fill out the information below. **Incomplete authorization forms will not be accepted.** The LiveScan technician will retain the authorization forms at the LiveScan location for a three year period in order to coincide with FBI and State of Utah audit cycles.

**Agency code:** B2075 (volunteer)
B2076 (employee)

**Authorizing Statute:** UCA 53G-11-402
**Type of background check:** NFUF

**Applicant Name (print):** _____

**Date of Birth:** _____

**Aliases/Other names you may be known by (including maiden name):**

_____

Applicant Signature: _____

Authorizing Signature: Kara Salisbury

For federal Identity History Summary updates, the FBI must receive a request directly from the original arresting agency, from a court with control over the arrest data, or from another agency with control over the arrest data.

Option 2: Send a written challenge request to the FBI.

Your written request should clearly identify the information that you feel is inaccurate or incomplete and should include copies of any available proof or supporting documentation to support your claim. For example, if your disposition information is incorrect or missing, you may submit documentation obtained from the court having control over the arrest or the office prosecuting the offense. The FBI will contact appropriate agencies in an attempt to verify or correct challenged entries for you. Upon receipt of an official communication from the agency with control over the data, the FBI will make appropriate changes and notify you of the outcome.

You may submit an Identity History Summary challenge to the FBI by writing to the following address:

FBI CJIS Division

Attention: Criminal History Analysis Team 1

1000 Custer Hollow Road

Clarksburg, WV 26306

**Challenge procedures:**

**State of Utah:**

The Utah Bureau of Criminal Identification is responsible for all arrest and conviction data for the State of Utah. BCI does not have the authority to modify any records from other state or federal databases. In the event that there is incorrect or missing Utah Criminal Data, please be prepared to provide certified copies from any arresting agency or court of appearance.

To challenge State of Utah criminal arrests and disposition data please complete the required application and submit to the Utah Bureau of Criminal Identification. Instructions and applications are located at the following web address:

https://bci.utah.gov/wp-content/uploads/sites/15/2017/08/ROA-8-24-2017.pdf

**FBI:**

**https://www.fbi.gov/services/cjis/identity-history-summary-checks**

Challenge of an Identity History Summary

The FBI is responsible for the storage of fingerprints and related Identity History Summary information for the nation and does not have the authority to modify any Identity History Summary information unless specifically notified to do so by the agency that owns the information. If you believe your Identity History Summary contains inaccurate or incomplete information, you have two options for requesting a change or correction:

Option 1: Contact the agency or agencies that submitted the information to the FBI.

Missing or Incorrect State (Non-Federal) Information

Most states require that changes to Identity History Summary information be processed through their respective state centralized agency (State Identification Bureau) before any changes can be made to your information. You may contact the respective State Identification Bureau for assistance, and, if applicable, request that they provide the FBI with updates to your Identity History Summary. Contact information for each state is provided on the State Identification Bureau listing.

Several states maintain their own record system. Record updates are made at the state level only, so the FBI cannot change its records. Instead, the FBI accesses the state's system for authorized purposes to review the record. Contact information for states maintaining records at the state level is provided on the State-Maintained Records listing.

Missing or Incorrect Federal Information

**FBI Privacy Act Statement**

(Written copy must be provided to all applicants submitting fingerprints for an FBI background check. Also located on the back of the FBI Applicant fingerprint card FD-258)

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

**Utah Consent to Background Check**

Name of Applicant:

Address:

Date of Birth:

The information above shall be verified by valid identification document (driver's license, passport, state photo ID) prior to background check, per Section 1028 of Title 18, United States Code.

I, _____ (full name), understand that my personal information including name, DOB, SSN and fingerprints will be used for the purpose of conducting a criminal history records search through any applicable state and federal databases. This information will be used by Wasatch Waldorf Charter School to determine my eligibility for working or volunteering. My personal information and fingerprints will be retained for ongoing monitoring and comparison against future submissions to the state, regional or federal database and latent fingerprint inquiries, for the duration of my relationship with the school. Wasatch Waldorf Charter School will establish procedures to ensure removal of my fingerprints from applicable state and federal databases when I am no longer under their purview. I understand that I may request to review any results of this inquiry and understand that UCA 53-10-108 does not allow Wasatch Waldorf Charter School to provide a copy of those results to me. Before a determination is made, I understand that I will be afforded a reasonable amount of time to challenge the completeness and accuracy of the record through the procedures established by Wasatch Waldorf Charter School as well as contacting the Utah Bureau of Criminal Identification (Utah Criminal History Results), the State Identification Bureau (SIB) associated with any results that are outside of Utah, or the Federal Bureau of Investigation (Nationwide Criminal History Response Information). Until the completion of the background check, I understand I may be denied unsupervised access to children, vulnerable adults or to the privilege in which the background check pertains to. I will provide a list of all criminal convictions which contains a description of the crimes and the particulars of the convictions. I have read the attached Privacy Statement and understand my rights according to this statement

Applicant Signature:_____

Date: _____

**Self Disclosure**

Date of Arrest:

Arresting Agency:

Charges:

Court of Appearance:

Conviction Disposition:

Sentencing and Probation:

Adults in the school are encouraged to:

- Shake students' hands,
- Hold students' hands, as appropriate, to guide a student or engage in a game / activity,
- Give a gentle or reassuring pat on the back,
- Give a squeeze or hug on the side,
- Gently guide a student with hands placed on the shoulders.

Adults in the school are not to:

- Hold children on their laps,
- Give full-body hugs to students,
- Ever touch students in anger or with an intent to coerce,
- Yank or pull on a child,
- Grab, hit, or engage in any physical aggression towards a student.

Volunteers should avoid being in a room alone with any student with the door closed. If helping a student in a bathroom or who is ill, in talking about a sensitive matter with a student, and in other circumstances, doors should be left open and/or other adults should be invited to be present.

*I understand that by the virtue of my agreement to volunteer at Wasatch Charter School, I may have access to records which contain individually identifiable information such as a social security number or student identification number, of which the disclosure is prohibited by the Family Educational Rights and Privacy Act of 1974 (FERPA). FERPA is a Federal regulation that governs the privacy and disclosure of student records. I acknowledge that I fully understand that no student information is to be released to non-district personnel or third-parties. The intentional disclosure by me of this information violates FERPA policy and could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure could constitute just cause for termination of my volunteer services immediately regardless of whether criminal or civil penalties are imposed.*

*In relation to my observation or volunteer service, I must follow the guidelines outlined above. If my assigned responsibilities include access to student files, data, or information, I will abide by the confidentiality and privacy policies of WCS. I understand that if I have any questions regarding the disclosure of information, I must ask WCS administration prior to sharing any observations or information obtained in the course of my service.*

_____ _____

SIGNATURE DATE

_____

NAME (print)

illegal items or substances while on school property or at an event sponsored by or affiliated with the School.

· Students who engage in dangerous or disruptive conduct that disturbs the learning of others, disrespect teachers and administrators, threaten or harm others, damage school property, or violate WCS's policies and procedures shall be subject to discipline, and potentially to suspension or expulsion as outlined in the Safe Schools Policy which is available on the school's website (Governing Board: Policies: Safe Schools).

## Confidentiality

The well-being and atmosphere of the school as a whole rely on the ability of the faculty, staff and parents to engage in dialogue regarding concerns and conflicts with appropriate sensitivity and confidentiality, and to comply with the policies of the school. During your visits to WCS, you may periodically learn sensitive information about this school, about parents, students, and/or colleagues through your observations. It is important that you keep information you learn through your volunteer and observation experience confidential. From time to time you may be involved in situations or conflicts with parents. Other parents will perhaps approach you out of curiosity or concern and want to discuss the situation. You must maintain a polite diplomacy in these conversations, and explain that you are unable to share details because of the confidentiality of the situation.

## Student Records

FERPA is a federal law that protects the privacy interests of students. It affords parents the right to access and request that their children's education records be amended, and gives them some control over the disclosure of the information in these records. FERPA generally prevents schools from sharing student records, or personally identifiable information in these records, without the written consent of a parent, except as provided by law.

At WCS we respect student and family privacy, which mean that we never discuss an individual student with a member of the staff, another teacher, or a parent if that individual is not someone who has a legitimate need to know. This is particularly true of any situation involving grades, evaluations, or assessments; student discipline; student health; or aspects of a student's home or family situation.

Notwithstanding anything in this policy, when a school employee believes that a situation exists which presents a serious threat to the well-being of the student, the employee must notify the student's parent or guardian without delay, unless the matter has already been reported to DCFS, in which case it is the responsibility of DCFS to notify the student's parent or guardian of any possible investigation or take other appropriate action.

Notwithstanding anything in this policy, when a school employee believes that a student is at-risk of attempting suicide, physical self-harm, or harming others, the employee may intervene and ask the student questions regarding the student's suicidal thoughts, physical self-harming behavior, or thoughts of harming others for the purposes of (1) referring the student to appropriate prevention services, and (2) informing the parent or legal guardian.

## Physical Contact with Students

All volunteers should be thoughtful and gentle in any physical contact that they may have with students, both to protect students and themselves. Should a student need to be restrained in order to prevent severe harm to self or others, the School's Safe Schools Policy and proper practices from training must be followed by staff.

# Volunteer and Observation Guidelines

Families are a crucial part of building the school community and WCS. There are many ways that parents can get involved in school life and culture.

Families are asked to contribute a minimum of 30 hours / year per child as volunteers. Details on volunteer opportunities are available in our Parental Involvement Policy and our the school's website.

Families are encouraged to learn about Waldorf education, attend workshops and parent evenings, and incorporate the principles of rhythm and healthy development which undergird Waldorf education into their homes and family lives. Attendance at workshops and events may be counted as volunteer hours, when advertised as such.

Families are welcome to attend regularly scheduled public tours of the school (typically offered on Wednesday mornings) to ask questions and make general observations regarding instruction and methods.

Classroom observations and volunteer experiences must be arranged with the teacher in charge (either class teachers or specialty teachers) in advance. Waldorf teachers strive to maintain a rhythm and order within their classrooms that requires the teacher to be the clear authority and hold very specific expectations for student behavior and work. Unexpected visitors and many adults in the classrooms can compromise this process. Thus, teachers must have advance notice and consent to the timing and scope of parental involvement and observations.

With teacher approval, parents may observe and volunteer in the classroom. Parents are expected to:

- Submit to and pass a background check upon entering the school building,
- Sign in at the front desk and receive a badge to wear while on school grounds,
- Follow all directions given by the teachers,
- Not interfere with directions / instruction / discipline,
- Follow the WCS Code of Conduct,
- Refrain from the use of cell phones / other electronic devices while at the school,
- Never attempt to discipline a child,
- Abide by confidentiality and privacy expectations,
- Leave younger siblings and non-WCS students at home (unless alternative arrangements have been made with the class teacher, in advance).

Should a parent not abide by the expectations above, then s/he may be asked by a teacher or the school's administration to not observe / volunteer in the classroom or to make arrangements directly through school administration who will coordinate with teachers and ensure that appropriate behaviors and boundaries are respected.

## Code of Conduct

All students, faculty, and parents at Wasatch Charter School will conduct themselves in a manner that contributes to a productive, safe, happy, inviting learning environment for themselves and others. All are expected to be kind, respectful, attentive, and cooperative with others in the school community.

- Students will be on time and ready to participate each day and work diligently on their studies, as directed by their teachers. Students will abide by the dress code. They will demonstrate respect and care in their use of school property and resources, including following rules regarding the acceptable use of electronic devices and resources. Students will not bring to the school nor use any harmful or

**APPROVED VOLUNTEER PERSONAL VEHICLE USE FORM**

Name _____

Date of Birth _____

Address _____

Contact Phone #_____

Driver's License # _____Exp. Date _____

Year / Make / Model of Auto _____

Current Safety/Emissions Inspection(Y/N) _____

Vehicle License# _____Date / Year of Registration _____

Insurance Carrier / Agent _____Contact #_____

Policy #_____

Policy Date and Period _____

Any Driving Restrictions

_____

Wasatch
charter school
*where education comes to life*

Dear Parent Volunteer,
Thank you for volunteering to drive/chaperone for a field trip for our school. We depend on your help for safe transportation and supervision. If you have signed up to participate as a class driver or chaperone, you will be agreeing to stay with the group, monitor children, and make decisions in the best interest and safety of the children. Chaperones are expected to support teachers' disciplinary and behavior guidelines on off-campus trips and to treat all children with fair and equal consideration. *Please keep all siblings at home.*

**NOTE: If you have been convicted of a felony such as a DUI or drug infraction within the last ten years or have ever been convicted of child or spouse abuse, or have a case pending in any of these areas, please do not volunteer to drive or chaperone.**

As a driver, I acknowledge that:

1. I have a current driver's license with no suspensions, and proper insurance and registration for the vehicle I will drive for this trip. **I have submitted my driver's license and proof of insurance to the school office for copy; it is now on file with the school.**
2. I have checked my vehicle to ensure that the brakes, lights, and other safety features are all working properly.
3. There is adequate fuel in the vehicle for the destination and return trip.
4. I am at least twenty-five years of age.
5. I will observe posted speed limits and all other traffic laws as required by the State of Utah.
6. I will ensure that all passengers use seat belts. Per state law, booster seats are to be used until children are eight years old or 4'9". Otherwise, the placement of students in the vehicle will be according to approved safety standards, especially taking into consideration passenger side air bags.
7. I will not use my cell phone or other devices that may cause distracted driving, including eating or drinking.
8. I will not allow in-car videos, music, or the use of other electronic devices.
9. I will not make any unscheduled stops during the trip, except in an emergency.
10. I understand that in the event of an emergency, I will first contact the necessary emergency personnel. It is then my responsibility to contact the school and/or the classroom teacher.

As a driver/chaperone, I acknowledge that:

1. I have submitted to and been cleared with a background check as required by the school for all volunteers.
2. I will take direction from the teacher in charge and expect all students to respect chaperones as they would a teacher.
3. I will not allow other children to participate unless approved by the teacher in charge.
4. I will not allow extra snacks/treats unless approved by the teacher in charge.
5. I will not smoke, drink alcohol, or use other controlled substances during the school trip.

I have read the Driver/Chaperone Agreement outlined above and agree to abide by all rules and regulations set forth in them:

Driver/Chaperone Signature: _____ Date: _____

Teacher(s) I will be driving for: _____