

National Child Protection Act/Volunteers for Children Act Waiver and Consent Form

The criminal history record checks performed under the National Child Protection Act (NCPA), as amended by the Volunteers for Children Act (VCA), will determine if you, as a care provider (current or prospective employee, volunteer, contractor/vendor, or owner/operator), have been convicted of crimes that bear upon your fitness to be responsible for the safety and well-being of children, the elderly or individuals with disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks). Pursuant to the NCPA/VCA, this form must be completed and signed by every current or prospective provider for whom criminal history records are requested by a **Qualified Entity (QE)**. QEs provide care, treatment, education, training, instruction, supervision, recreation, care placement services, or license/certify others who provide care to vulnerable populations (children, the elderly, or individuals with disabilities).

Please provide the following information:

QE Name	Georgia Department of Human Services (DHS)
Position Applied for:	

I am a current or prospective (check one): ☐ Employee ☐ Volunteer ☐ Contractor/Vendor ☐ Owner/Operator

I have been convicted of or pled guilty to a crime. ☐ No ☐ Yes

If yes, please provide a description of the crime and the particulars of the conviction on the back of this waiver.

I hereby authorize the requesting QE to submit a set of my fingerprints to the Georgia Bureau of Identification (GBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I further understand the following:

- My fingerprints will be used to check the criminal history records of the GBI and the FBI;
 - I can receive a state criminal history record from the GBI and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30-16.34;
 - I am entitled to challenge the accuracy and completeness of any information contained in such records;
 - The QE may choose to deny me unsupervised access to persons to whom the QE provides care until the criminal history record check is completed; and
 - I may obtain a prompt determination as to the validity of my challenge before a final decision is made.
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By signing this waiver, it is my intent to authorize the dissemination of any state or national criminal history record which may pertain to me, to the requesting QE. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

*Printed Name: _____ *Date of Birth _____

* Address _____

*Signature _____ * Date _____

*as it appears on a valid identification document issued by a governmental agency

NOTE: A copy of this document must be retained by the QE for at least two years of fingerprint submission date.