

National Child Protection Act/Volunteers for Children Act Background Check General Information



The National Child Protection Act/Volunteer for Children Act (NCPA/VCA) and Minnesota Statutes §299C.60-64 allow for a **Qualified Entity** to request state and federal background checks on **Covered Individuals**. Criminal History Record Information requested under the NCPA/VCA and M.S. 299C.60-64 must follow these specific guidelines in order to be processed.

Qualified Entity must be certified

- Complete the **National Child Protection Act/Volunteers for Children Act Qualified Entity Certification Statement**
- Send completed form to the BCA CHA Unit via email: BCA.CHA@state.mn.us
- Once the Qualified Entity has been certified and notified of their certification, background check requests may be submitted

Information to include when submitting a request for a state and federal criminal history background check:

- The completed, signed consent form
- Payment of \$8.00 (for the state check) and \$16.25 (for the federal check) (checks are to be made payable to the Minnesota Bureau of Criminal Apprehension)
- A classifiable set of fingerprints on an FBI applicant fingerprint card. The applicant fingerprint card should be completed with the full name, date of birth, and identifying information of the covered individual. The OCA field must be completed with your "account" number (this number will be assigned at the time of your initial FBI request).
- Qualified Entity name and address should be the department that the response will be forwarded to when returned from the FBI
- In the "Reason Fingerprinted" block please reference NCPA/VCA
- Your agency's assigned ORI number (**private agencies** should reference MNBCA0000). All Noncriminal Justice (NCJ) **Public Agencies** receiving federal criminal history information must enter into an agreement with the BCA and obtain a Federal Bureau of Investigation (FBI) assigned ORI. Please see **"Requirements to receive criminal history information for Noncriminal Justice Public Agencies"** on our website for more information about this process.

Checking the Predatory Offender Registry

If you choose to conduct a check of the Predatory Offender Registry, include a signed Predatory Offender Registry consent form with your criminal history background check request. There is no additional fee for this service.

Where to send your request

Minnesota Bureau of Criminal Apprehension, MNJIS – CHA Unit
1430 Maryland Ave. E
St. Paul, MN 55106

Questions?

If you have any questions regarding the above outlined procedures or if you require assistance, you may contact the Criminal History Access Unit at (651) 793-2400, option 1.



**INFORMED CONSENT
RELEASE OF PREDATORY OFFENDER REGISTRATION DATA**

PLEASE PRINT LEGIBLY - USE COMPLETE NAME, INCLUDING MIDDLE NAME

First Name: _____ Middle Name: _____ Last Name: _____
Maiden or Former Last Name (s): _____
Date of Birth: _____ Social Security Number: _____
Driver's License Number: _____ Issuing State: _____
Current Address: _____
City, State, Zip Code: _____

Because the position for which you are applying will require you to have access and/or responsibility for the safety and well-being of children, the elderly, or individuals with disabilities, *Austin Aspires* will request the Bureau of Criminal Apprehension (BCA) to perform a POR check on you in conjunction with a criminal history check under the National Child Protection Act/Volunteers for Children Act.

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to *Austin Aspires* any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and the *Austin Aspires* from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____

Return completed form to: MN BCA, MNJIS - CHA Unit, 1430 Maryland Ave. E. St. Paul, MN 55106.

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) and Child Protection Improvements Act, and Minnesota Statutes §§299C.60-64 will determine if you, as a covered individual (current or prospective employee, volunteer, or owner/operator), have been convicted of crimes that bear upon your fitness to have access and/or responsibility 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 and MnSA §§299C.60-64, this form must be completed and signed by any current or prospective employee, volunteer, or owner/operator for whom criminal history records are requested by a Qualified Entity (QE). QEs are businesses or organizations, whether public, private, for-profit or voluntary, that provide care (Including treatment, education, training, instruction, supervision, recreation) or care placement services, or license/certify others who provide care to children, the elderly, or Individuals with disabilities.

Please provide the following information:

Qualified Entity Name: Austin Aspires, Inc.

Qualified Entity Address: 318 North Main Street Austin, MN 55912

Qualified Entity Phone: 507-318-6160

Qualified Entity Account/ORI: 5073186160

Position Applied for: Mentoring Youth

I am a current or prospective (check one): Employee Volunteer 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 in the space below.

I hereby authorize the requesting QE to submit a set of my fingerprints to the Minnesota Bureau of Criminal Apprehension (BCA) and Federal Bureau of Investigation (FBI) for the purpose of assessing and reviewing state and national criminal history records that may pertain to me to determine my suitability. I further understand the following:

- My fingerprints will be used to check the criminal history records of the BCA and the FBI;
- I can receive a copy of the state criminal history record from the BCA 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 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.

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, or in the case of a private entity, a notification as to whether I am fit for the aforementioned position. 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 _____

Other name(s) used; _____

*Signature _____ Date _____

- as it appears on a valid identification document issued by a governmental agency
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Mower County Mentoring Program

INSTRUCTIONS FOR FINGERPRINTING

- There is no cost to you as a Mentor.
- Fingerprinting is done at the Mower County Jail 201 2nd AVE NE Austin, MN 55912
- Applicants will take a right when they enter the building and speak with a records person behind the window. Tell them you need to complete fingerprint cards for the Mower County Mentoring Program.

Bring along:

1) Driver's license

- After you have been fingerprinted, please call or email the MCMP Mentorship Coordinator to arrange pick up/drop off of your finger printing cards. She (the qualified entity) will submit all information to: MN BCA, MNJIS-CHA Unite, 1430 Maryland Ace. E. St. Paul, MN 55106

Thank you very much for your cooperation!

Jessica Anderson
Mentorship Coordinator
318 N Main Street Austin, MN 55912
parentengagement@austinaspires.org
507.318.6160