CalVECHS WAIVER AGREEMENT
FOR RELEASE OF CRIMINAL OFFENDER RECORD INFORMATION

Pursuant to the Penal Code section 11105.3 and the National Child Protection Act, as amended by the Volunteers for Children Act, this form must be completed and signed by every current or prospective applicant, employee, or volunteer, for whom criminal offender record information (CORI) is requested by a qualified agency under these laws.

I hereby authorize SOUTHEASTERN CALIFORNIA CONFERENCE OF S.D.A

Name of Qualified Agency

to submit a set of my fingerprints to the California Department of Justice for the purpose of accessing and reviewing state and federal CORI that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any state and federal CORI that may pertain to me to the qualified agency.

I understand that, until the CORI background check is completed, the qualified agency may choose to deny me unsupervised access to children, the elderly, the handicapped, or the mentally impaired. I further understand that if the information is the basis for an adverse decision, the qualified agency will expeditiously provide me a copy of the CORI background check report, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

☐ Yes, I have (OR) ☐ No, I have not been convicted of or pled to a crime.

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (circle one): Applicant / (Employee) / Volunteer

Signature _____ Date _____

Printed Name _____

Address for receiving copy of criminal history _____

To Be Completed By Qualified Agency:

Agency Name SOUTHEASTERN CALIFORNIA CONFERENCE OF S.D.A

Address PO BOX 79990 RIVERSIDE, CA 92513

Telephone 951-509-2200

Note: This document must be retained by the qualified agency for audit purposes.