

REQUEST FOR LIVE SCAN SERVICE

| Last Name First Name Middle Initial Suffix Other Name: (AKA or Alias) Last Name Sex Male Female Driver's License Number Suffix Date of Birth Weight Eye Color Hair Color Misc. Number 162456 Misc. Mumber 162456 M | A\A/22.4 | |
|--|---|--|
| Church Volunteer Type of Ucense/Certification/Permit QR Working Title (Nameman 30 abaracters - f assigned by DOJ, 1800 exact title assigned) Contributing Appeny Information: Northern California Conference of Seventh-day Adventists Agency Authorized to Researce Criminal Record Information Northern California Conference of Seventh-day Adventists Agency Authorized to Researce Criminal Record Information Street Address or P.O. Box CA 95661 City State ZIP Code Contact Name (mandatory for all school submissions) City State ZIP Code Contact Name (mandatory for all school submissions) City State ZIP Code City State ZIP Code Mail Code (five digit code assigned by DOJ) Leve Scan Transaction Completed By: Name of Operator Date | | |
| Type of License/Certification/Permit QR Working Title (wacman 30 crasenters - if saspeet by DOJ, use each title assigned by DOJ) Northern California Conference of Seventh-day Adventists Agency Authorized to Receive Criminal Record Information Northern California Conference of Seventh-day Adventists Agency Authorized to Receive Criminal Record Information Size Agency Authorized to Receive Criminal Record Information CA 95661 CIty State ZIP Code Contact Name (mandatory for all school submissions) Contact Name (mandatory for all school submissions) Contact Telephone Number Applicant Information: Last Name | | Authorized Applicant Type |
| Northern California Conference of Seventh-day Adventists Northern California Conference of Seventh-day Adventists Agency Authorized to Receive Criminal Record Information PO Box 619015 Street Address or P.O. Box Roseville CA 95661 City State ZIP Code Contact Transaction Completed By: Mail Code (five-digit code assigned by DOJ) Joanna van Iderstein Contact Marine (mandalory for all school submissions) Gonfact Marine (mandalory for all school submissions) Gonfact Transaction Completed By: Mail Code (five-digit code assigned by DOJ) Joanna van Iderstein Contact Transaction Completed By: Mail Code (five-digit code assigned by DOJ) Joanna van Iderstein Mail Code (five-digit code assigned by DOJ) Joanna van Iderstein Mail Code (five-digit code assigned by DOJ) Joanna van Iderstein Mail Code (five-digit code assigned by DOJ) Joanna van Iderstein Joanna van Iderstein Contact Transaction Completed By: Mail Code (five-digit code assigned by DOJ) Joanna van Iderstein Contact Transaction Completed By: Mail Code (five-digit code assigned by DOJ) Joanna van Iderstein Contact Transaction Robot submissions) Joanna van Iderstein Joan | | A |
| Norther California Conference of Seventh-day Adventists Agency Authorized to Receive Criminal Record Information PO Box 619015 Street Address or P.O. Box CA 95661 City State ZIP Code CA 95661 City State ZIP Code Contact Name Middle Initial Suffix Other Name: (AKA or Alias) Last Name First Name Middle Initial Suffix Other Name: (AKA or Alias) Last Name Sex Male Female Date of Birth Weight Eye Color Hair Color Hair Color Number (Beave blank) Other teerdicates Number City State ZIP Code Contact Telephone Number Middle Initial Suffix Other Name: (AKA or Alias) Last Name Middle Initial Suffix Other Name: (AKA or Alias) Last Name First Name Suffix Date of Birth Weight Eye Color Hair Color Hair Color Hair Color Hair Color Hair Color City State ZIP Code City State ZIP Code City State ZIP Code Church Name: Auburn SDA Church Ocx Number (Johns the Included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Church Name: Auburn SDA Church Ocx Number (Johns the Included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Church Name: Auburn SDA Church Ocx Number (Johns the Included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Church Name: Auburn SDA Church Ocx Number (Johns the Included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Church Name: Auburn SDA Church Ocx Number (Johns the Included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. City State ZIP Code Mail Code (five digit code assigned by DOJ) Leve Scan Transaction Completed By: Name of Operator Date | | - if assigned by DOJ, use exact title assigned) |
| Agency Authorized to Receive Criminal Record Information PO Box 619015 Street Address or P.O. Box CA 95661 (G16) 886-5670 Corriact Telephone Number First Name Suffix Suffix Suffix Suffix Charact Elephone Number Cothact Relephone Number Cothact Relephone Number Suffix Suffix Charact Relephone Number Suffix Suffix Charact Relephone Number First Name First Name First Name First Name First Name Suffix Suffix Suffix Suffix Charact Relephone Number Suffix Suffix Suffix Suffix Suffix Charact Relephone Number Suffix Suffix Suffix Suffix Suffix Charact Relephone Number Suffix Suf | | |
| PO Box 619015 Street Address or P.O. Box Street Address or P.O. Box Street Address or P.O. Box Church Name: Applicant Signature Church Na | | |
| Street Address or P.O. Box Roseville City State ZIP Code Contact Talegrhone Number First Name Middle Initial Suffix Cother Name: (AKA or Alias) Last Name Sex Maile Female Date of Birth Date of Birth Weight Eye Color Hair Color Misc. Number (leave blank) Number (leave blank) (cliber Islantication Number) City State ZIP Code Church Name: Auburn SDA Church Church Name: Applicant Signature Date Church Name: Auburn SDA Church CA Sumber (Approx Islantibying Number) Church Name: Arbor (Approx Islantibying Number) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | • , | |
| Contact Telephone Number Applicant Information: Last Name Other Name: (AKA or Alias) Last Name Sex Male Female Date of Birth Height Weight Eye Color Hair Color Place of Birth (State or Country) Social Security Number Home Address Street Address or P.O. Box I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Church Name: Auburn SDA Church Dock Number (Agency Identifying Number) Church Name: Auburn SDA Church Dock Number (Agency Identifying Number) Church Name: Of Privacy Identifying Number) Church Name: Auburn SDA Church Dock Number (Agency Identifying Number) Church Name: Telephone Number (Agency Identifying Number) Church Name: Auburn SDA Church Dock Number (Agency Identifying Number) Church Name: Telephone Number (Agency Identifying Number) Church Name: Te | | |
| Contact Telephone Number Applicant Information: Last Name Other Name: (AKA or Alias) Last Name Sex Male Female Date of Birth Height Weight Eye Color Hair Color Place of Birth (State or Country) Social Security Number Home Address Street Address or P.O. Box I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Church Name: Auburn SDA Church Dock Number (Agency Identifying Number) Church Name: Auburn SDA Church Dock Number (Agency Identifying Number) Church Name: Of Privacy Identifying Number) Church Name: Auburn SDA Church Dock Number (Agency Identifying Number) Church Name: Telephone Number (Agency Identifying Number) Church Name: Auburn SDA Church Dock Number (Agency Identifying Number) Church Name: Telephone Number (Agency Identifying Number) Church Name: Te | Roseville CA 95661 | (916) 886-5670 |
| Last Name First Name Middle Initial Suffix Other Name: (AKA or Alias) Last Name Sex Male Female Driver's License Number Billing Mumber 162456 Place of Birth Weight Eye Color Hair Color Mumber 162456 Place of Birth (State or Country) Social Security Number Number 162456 Misc. Number (leave blank) Misc. Number 162456 Number (leave blank) Misc. Number 162456 Number (leave blank) Misc. Number 162456 Number (leave blank) Misc. Number | | |
| Other Name: (AKA or Alias) Last Name Sex Male Female Date of Birth Date of Birth Weight Eye Color Hair Color Place of Birth (State or Country) Social Security Number Home Address Street Address or P.O. Box I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Applicant Signature Date Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) (If the Level of Service: DOJ FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) Live Scan Transaction Completed By: Name of Operator Date | Applicant Information: | |
| Other Name: (AKA or Alias) Last Name Sex Male Female Date of Birth Date of Birth Weight Eye Color Hair Color Place of Birth (State or Country) Social Security Number Home Address Street Address or P.O. Box I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Applicant Signature Date Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) (If the Level of Service: DOJ FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) Live Scan Transaction Completed By: Name of Operator Date | | |
| Date of Birth Sex Male Female Driver's License Number Billing Number 162456 Number | Last Name | First Name Middle Initial Suffix |
| Date of Birth Driver's License Number Billing Number 162456 Number 1624 | Other Name: (AKA or Alias) | |
| Date of Birth Driver's License Number Billing Number 162456 Number 1624 | Last Name | First Name Suffix |
| Date of Birth Height Weight Eye Color Hair Color Hair Color Number 162456 Misc. Number (leave blank) (Other Identification Number) Home Address Street Address or P.O. Box I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Applicant Signature Date Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) (If the Level of Service: DDJ X FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) Live Scan Transaction Completed By: Name of Operator Date | | |
| Height Weight Eye Color Hair Color Number 162456 Place of Birth (State or Country) Social Security Number Misc. Number (leave blank) (Other Identification Number) Misc. (Other | | Driver's License Number |
| Height Weight Eye Color Hair Color Number 162456 (Agency Billing Number) Place of Birth (State or Country) Social Security Number Misc. Place of Birth (State or Country) Social Security Number Misc. Number Number | Sale of Silar | |
| Place of Birth (State or Country) Social Security Number Number Number (Ideave blank) (Other Identification Number) City Thave received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Applicant Signature Date Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) OCH Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | Height Weight Eye Color Hair Color | |
| Home Address Street Address or P.O. Box City State ZIP Code I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Applicant Signature Date Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | | |
| Street Address or P.O. Box City State ZIP Code | Place of Birth (State or Country) Social Security Number | Enclosed Control (Control Control Cont |
| Address Street Address or P.O. Box City State ZIP Code I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Applicant Signature Date Church Name: Auburn SDA Church Level of Service: DOJ FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number Employer (Additional response for agencies specified by statute): Employer Name Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date Date Date Date | | (Other Identification Number) |
| Applicant Signature Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | | City State ZIP Code |
| Applicant Signature Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | | |
| Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) Level of Service: DOJ FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) Telephone Number (optional) Telephone Number (optional) Live Scan Transaction Completed By: Name of Operator Date | | |
| Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) Level of Service: DOJ FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) Telephone Number (optional) Telephone Number (optional) Live Scan Transaction Completed By: Name of Operator Date | I have received and read the included Privacy Notice, | Privacy Act Statement, and Applicant's Privacy Rights. |
| OCA Number (Agency Identifying Number) OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | I have received and read the included Privacy Notice, | Privacy Act Statement, and Applicant's Privacy Rights. |
| OCA Number (Agency Identifying Number) OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | | |
| Criminal history record information of the FBI.) If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | Applicant Signature | Date |
| (Must provide proof of rejection) Original ATI Number Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | Applicant Signature Church Name: Auburn SDA Church | Level of Service: X DOJ X FBI |
| Employer (Additional response for agencies specified by statute): Employer Name Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | Applicant Signature Church Name: Auburn SDA Church | Level of Service: Doj FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the |
| Employer Name Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: | Level of Service: Doj FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the |
| Employer Name Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: | Level of Service: Doj FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the |
| Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | Applicant Signature Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number | Level of Service: Doj FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) |
| City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | Applicant Signature Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number | Level of Service: Doj FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) |
| City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date | Applicant Signature Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number Employer (Additional response for agencies specified by statute) | Level of Service: Doj FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) |
| Live Scan Transaction Completed By: Name of Operator Date | Applicant Signature Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number Employer (Additional response for agencies specified by statute) | Level of Service: Doj FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) |
| Live Scan Transaction Completed By: Name of Operator Date | Applicant Signature Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Church Name: Original ATI Number Original ATI Number Employer (Additional response for agencies specified by statute) Employer Name | Level of Service: Doj FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) |
| Name of Operator Date | Applicant Signature Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Coriginal ATI Number Employer (Additional response for agencies specified by statute) Employer Name Street Address or P.O. Box | Level of Service: DoJ FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) Telephone Number (optional) |
| | Applicant Signature Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute) Employer Name Street Address or P.O. Box City State | Level of Service: DoJ FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) Telephone Number (optional) |
| Transmitting Agency LSID ATI Number Amount Collected/Billed | Applicant Signature Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Coriginal ATI Number Employer (Additional response for agencies specified by statute) Employer Name Street Address or P.O. Box | Level of Service: DoJ FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) Telephone Number (optional) |
| Transmitting Agency LSID ATI Number Amount Collected/Billed | Applicant Signature Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute) Employer Name Street Address or P.O. Box City State Live Scan Transaction Completed By: | Level of Service: DoJ FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) Telephone Number (optional) ZIP Code Mail Code (five digit code assigned by DOJ) |
| | Church Name: Auburn SDA Church OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute) Employer Name Street Address or P.O. Box City State Live Scan Transaction Completed By: Name of Operator | Level of Service: DoJ FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.) Telephone Number (optional) ZIP Code Mail Code (five digit code assigned by DOJ) |

AUBURN SDA CHURCH

Live Scan & Training Information for Church Volunteers



Get Live Scanned (Electronic Fingerprinting)

a. Church Volunteers: Use NCC Live Scan Application with ORI Code AW334 b. Volunteers at both School and Church: No need to get a Live Scan twice.

The Volunteer Training serves both purposes as well.

c. If you have been live scanned recently through the school or the conference office, please let the church office know.

LIVE SCAN LOCATIONS IN AUBURN

Auburn Police Station (1215 Lincoln Way Auburn, CA 95603)

Fee: \$15

Payment Methods: Cash, Checks, Credit/Debit Cards

Walk-in Hours:

Monday: 11:00 am to 2:00 pm

Tuesday & Thursday: 12:30 pm to 4:30 pm

Auburn Placer County Sheriff Station (2929 Richardson Dr. Auburn, CA 95603)

Fee: \$20

<u>Payment Methods:</u> Cash or Check

By Appointment Only Hours:

Tuesday, Wednesday and Thursday between 9:00 a.m. and 3:00 p.m. Call to make an appointment: (530) 889-7800 ext. 1



After Your Live Scan

Turn in a copy of your live scan by November 30, 2023 into the church office to get reimbursed.



Complete the Child Abuse Mandated Reporter Training

- a. Go to www.mandatedreporterca.com and register a free account.
- b. Select Volunteers and complete the 2-hour required General Training course.
- c. Send a copy of your Certificate of Completion to the church office

AFTER COMPLETING THE LIVE SCAN AND REPORTER TRAINING, YOU ARE NOW OFFICIALLY CLEARED TO VOLUNTEER.