



North Valley Animal Disaster Group Standard Operating Guidelines

Title: BACKGROUND CHECKS

Objective: To provide guidance for mandatory background checks for responding volunteers

Description:

All NVADG volunteers who wish to deploy shall pass a background check before being issued a Disaster Service Worker Identification badge.

- It is a requirement of Butte County that all volunteers pass a background check.
- Volunteers who joined before December 31, 2019 received a one-time in-house background check provided by Butte County Sheriff's Office that contains no monitoring criteria. At this time, Butte County does NOT require volunteers who joined before December 31, 2019 to obtain Livescans.
- Volunteers who join after December 31, 2019 are required to obtain (and pass) a Livescan Fingerprint Application before being issued a Disaster Service Worker Identification Card.
- Monitoring: New volunteers will be monitored for any criminal action. Any activity will be reported to Butte County Sheriff's Office. Butte County (not NVADG) will make the determination if the event is serious enough for termination.
- individual Originating Agency Identification Number: The monitoring system for new volunteers requires an individual Originating Agency Identification (ORI) Number. This permits each agency to get a notification that somebody has had a reportable event. There must be a different number – and Livescan – for each agency requesting notification. So even if you had a Livescan yesterday, new volunteers will be required to get an additional Livescan – and submit the “new” Originating Agency Identification (ORI) Number.
- Fees: The Background Check is to be done at your convenience, at any authorized location – and your cost.

- If getting a Live Scan at any other facility than the Butte County Sheriff's Office, a copy of the "Request for Live Scan Service" will be sent to Butte County Sheriff's Office.
- Confidentiality: The results of the background check will be kept confidential. Any possible problems/conflicts will be discussed and decided on an individual basis. NVADG never sees any initial or monitoring results – only the final decision by Butte County.
- You will not be issued a Disaster Service Identification Card until successfully passing a background check. However, a new NVADG volunteer that is in the process of completing the background check may respond to an activation as a trained convergent volunteer, as long as they have participated in the NVADG 16-hour Awareness class, and taken the Disaster Service Worker oath. These volunteers will be considered at the lowest level of security clearance and will be utilized in a position where sensitive information is not readily available. A temporary ID badge may be supplied, but until the Background Check has been passed, the official DSW ID badge may not be assigned.
- It is not mandatory for every student who participates in the Annual Training to receive a background check; it is permissible to audit the class. However, no Disaster Service Worker Identification Badge will be distributed, and the student will not be eligible for deployment. All fees are still required.
- Within two weeks of the Annual Training, the applicant will obtain a Live Scan. If this isn't done, you will be removed from the database.
- It is up to the volunteer to inform NVADG if they are resigning from NVADG. This will trigger a "No Longer Interested" (NLI) to Butte County, that will suspend the criminal activity monitoring.
- Butte County will purge their records of non-active volunteers on a regular basis. Refer to the Volunteer Requirements SOG for recency requirements.

Refer to the Volunteer Requirements SOG for additional information

Related Documents Attached: Butte County Live Scan Form

DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

TYPE OR PRINT IN INK:

SHADED AREAS REQUIRED BY PROGRAM REGULATIONS

ATTACH PHOTOGRAPH HERE	This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.	
	CLASSIFICATION: ANIMAL RESCUE AND SHELTER	SPECIALTY: _____
	REGISTERING AGENCY OR JURISDICTION: BUTTE COUNTY	
	SIGNATURE OF AUTHORIZED PERSON: _____	TITLE: _____
	REGISTRATION DATE: _____	RENEWAL DATES: _____
	EXPIRATION DATE: * _____	DSW CARD ISSUED?: NO? YES? #: _____
PROCESSED BY: _____ DATE: _____ TO CENTRAL FILES: _____		

NAME: LAST	FIRST	MI			
ADDRESS:	CITY:	STATE	ZIP:		
COUNTY:	HOME PHONE:	WORK PHONE:			
PAGER:	E-MAIL:	DATE OF BIRTH: (optional)			
DRIVER LICENSE NUMBER: (if applicable)	DRIVER LICENSE CLASSIFICATION: A? B? C?	LICENSE EXPIRATION DATE:			
IN CASE OF EMERGENCY, CONTACT:		EMERGENCY PHONE:			
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)
COMMENTS:					

PARENT/LEGAL GUARDIAN CONSENT FOR MINOR

As the parent or legal guardian of _____, a minor, I hereby give my full consent and approval for him/her to participate as a DSW volunteer. I understand there may be risks of serious bodily injury inherent in DSW volunteer activities, as well as in traveling and other related activities incidental to his/her participation, and I hereby assume these risks on behalf of him/her.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Government Code (GC) §3108-3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GC §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the

PRINT NAME

Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on _____ in _____, California.

DATE

City

COUNTY

SIGNATURE OF VOLUNTEER

DATE

SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH

TITLE

*Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is at the discretion of the Accredited Disaster Council but not to exceed one year. (See GC §3102)



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0040000

ORI (Code assigned by DOJ)

Non-Sworn

Authorized Applicant Type

Disaster Vol. - NVADG

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Butte County Sheriff's Office

Agency Authorized to Receive Criminal Record Information

06411

Mail Code (five-digit code assigned by DOJ)

5 Gillick Way

Street Address or P.O. Box

Cameron Camp

Contact Name (mandatory for all school submissions)

Oroville

City

CA

State

95965

ZIP Code

(530) 538-7494

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number Volunteer pays fees (\$32 at Butte Co. Sheriff)

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying 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)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Butte County Sheriff's Office

Employer Name

06411

Mail Code (five digit code assigned by DOJ)

5 Gillick Way

Street Address or P.O. Box

Oroville

City

CA

State

95965

ZIP Code

+1 (530) 538-7391

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



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Oroville

City

CA

State

95965

ZIP Code

(530) 538-7494

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex

☐

Male

☐

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number Volunteer pays fees (\$32 at Butte Co. Sheriff)

(Agency Billing Number)

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CA

State

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ZIP Code

+1 (530) 538-7391

Telephone Number (optional)

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Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



KORY L. HONEA
SHERIFF - CORONER

**AUTHORIZATION TO RELEASE INFORMATION
AND WAIVER OF RIGHTS
NON-SWORN/MISC. APPLICANT**

I am an applicant for Butte County General Services for the position of _____ and will be assigned to work in the Butte County Sheriff's Office/Jail, District Attorney's Office and/or Probation. Due to my prospective assignment, I am required to participate in an investigation into my fitness to serve in this capacity.

I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information which you may have concerning me, including information which may be of a confidential privileged and/or derogatory nature, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts (pursuant to Public Law 93-380), medical, surgical, psychological, and dental records if I am offered employment with this agency (pursuant to the Medical Information Act, Civil Code Section 56 et. Seq. And C.F.R. 1630), credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code Section 13300[b] [10]), and/or any other information that you possess.

I exonerate, release and discharge you, your organization, its officers, agents and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing any **truthful** information requested by the bearer of this authorization form.

_____ I hereby waive my right, pursuant to California Civil Code Section 1786.53 to receive copies of matters of public
Initial here record obtained through the background process. This waiver does not affect my ability to review any non-confidential
Information contained in my background investigation at its completion.

I understand and acknowledge that any information secured, pursuant to this required background investigation, which would negatively reflect on my fitness for duty will be forwarded to my current law enforcement employer.

This release will expire one (1) year after the date of signature.

Dated this _____ day of _____, 20____, in the County of Butte, State of California.

Signature of Applicant

Printed name of Applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
) ss.
County of _____)

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public in and for said state