

Virginia Department of Social Services/Child Protective Services Central Registry Release of Information Form

Part I: INSTRUCTIONS - Read all instructions before completing form. Incomplete forms will be returned.

1. Type or print legibly in ink. Indicate N/A if a question is not applicable
 2. Submit a separate form for each individual whose name is to be searched. MUST USE THIS FORM BEGINNING 11/01/09
 3. Provide proof of identity and sign Part III in the presence of a Notary Public.
 4. **Enclose a \$7.00** money order, company /business check or cashiers check payable to: **Virginia Department of Social Services** (unless waived) **DO NOT SEND CASH or PERSONAL CHECKS.** This fee is nonrefundable. \$25 will be charged for checks returned for insufficient funds.
 5. Search results disseminated beyond the requesting agency/individual named below are not considered official.
 6. Mail completed form to: **VA Dept. of Social Services, 801 East Main St, 6th floor, OBI Search Unit, Richmond VA 23219-3301**
- MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search**

Name <hr/> Address: <hr/> City State Zip Code <hr/> Contact Person Contact's Phone Number	Payment Code/ Fips Code (If assigned by Central Registry Unit) <h2 style="margin: 0;">7362</h2> <hr/> Mandatory for all coded agencies
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Purpose of Search, Check one: Adam Walsh Law Adoptive Parent Babysitter/Family Day Care CASA
 Children's Residential Facility Custody Evaluation Day Care Center Foster Parent Institutional Employee
 Other Employment School Personnel Volunteer Other

Part II: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED
Identifying Information for Person Being Searched:

Last Name	First Name	Full Middle Name – no initials (if name is initial only state Initial Only)		
Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Date of Birth MM/DD/YY	Social Security Number
Driver's License Number	Other names Used by the Individual (Nicknames, previous married names, etc.)			
Current Address Street	Current Address City	Current Address State	Current Address Zip Code	
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code	Date of Residency
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code	Date of Residency
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code	Date of Residency

CURRENT SPOUSE INFORMATION CHECK HERE IF NOT CURRENTLY MARRIED

Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
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ALL PREVIOUS SPOUSES CHECK HERE IF NOT PREVIOUSLY MARRIED

Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY

Full Names of All Children: (Include Adult Children, Step, Foster, Children Not Living with you. Attach additional paper if needed)
 Check here if you do not have children

Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY

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Part III: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which as been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of Person to Be Searched

Parents' Signature (Needed if child is 17 years old or younger)

Part IV: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, 20 _____

Notary Public Signature

Notary Number

My Commission Expires: _____

Do not write below this line.

Part V: Findings - To be completed by OBI Central Registry staff only.

CENTRAL REGISTRY FINDINGS

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. _____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept.of Social Services in reference to referral _____ phone# _____

_____ Dept.of Social Services in reference to referral _____ phone# _____

3 _____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI staff only

Name: (Last) (First) (Full Middle) (Maiden) <i>(Required)</i>				Parish/School and City <i>(Required)</i>	
Residential Address: <i>(include full address with City/State/Zip code)</i>				Telephone No.: <i>(include area code)</i> <i>(Required)</i> [H]	
Email Address:				[W] [Cell]	
Date of Birth:* <i>(Required)</i> Month/Day/Year			Volunteer role:		
<p><i>Please answer the following questions. If you answer yes to either question, please proceed to the section on the back and sign the release section.</i></p> <p>Are you employed at any Diocesan location? Yes/No (Circle) If yes, name of location(s) _____ Proceed to the "Release Section" on the back of this form.</p> <p>Are you a volunteer at any other parish/school location and have already completed the background screening process? Yes/ No (Circle) If yes, name of location _____ Approximate date of screening _____. Proceed to the "Release Section" on the back of this form.</p>					
<p>Have you ever been charged with, accused of, or convicted of child abuse or sexual abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide explanation here or attach explanation.</p>					
<p>Have you ever been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details here or attach explanation:</p>					
Personal reference: Name		Relationship	Phone	Address	
Date sent to CPS _____			ScreeningONE Date Entered _____		
Notes: _____ _____ _____ _____			Blue Flag Approved _____		

VOLUNTEER CONSENT SECTION

I, _____ hereby authorize the **Catholic Diocese of Richmond** and/or its agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for volunteering with the Catholic Diocese of Richmond.

I release the **Catholic Diocese of Richmond** (the "Diocese") and its agents from any and all liability for any damages I may sustain as a result of my furnishing information to the Diocese or as a result of other persons or entities furnishing information to the Diocese in connection with screening and/or background checks.

*If the Diocese determines I do not meet the background standards for volunteer work, I will be notified in writing. Also, I can receive a copy of the background report from ScreeningONE or other agencies that contained information used by the Diocese in making it's decision. I may challenge any adverse information disclosed by the background report. To obtain a copy of my report as provided by law, I may contact ScreeningONE by writing: ScreeningONEInc., 1860 N. Avenida Republica de Cuba, Tampa, FL 33605.

I agree that a copy or fax of this document shall be as valid as the original.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

(Clearly Print Full Name)

(Signature)

(Date)

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for volunteering or employment. The **Catholic Diocese of Richmond** considers all applicants for positions without regard to race, color, national origin, age, marital or veteran status, handicap or medical condition, sex, sexual orientation, status, except where such is a bona fide occupational qualification for the position sought.