VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer and Employee Criminal History Service
For criminal history record information pursuant to the National Child
Protection Act of 1993 (NCPA), as amended by the Volunteers for Children
Act (VCA), and the Adam Walsh Child Protection and Safety Act of 2006

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

under triese taws.		
hereby authorize		
to submit a set of my fingerprints to the Colorado Bu and reviewing state and national criminal history rec able to receive any Colorado records pursuant to 24- history record received by the requesting agency fro 28 Code of Federal Regulations (CFR) Sections 16 information to whomever I chose. By signing this Wa of any Colorado and national criminal history record	cords that may pertain to me. I und -72-305.3 C.R.S. from the CBI, and om the Federal Bureau of Investigat 6.30-16.34, and that I could the liver Agreement, it is my intent to	erstand that I would be any national criminal ion (FBI) pursuant to Titl n freely disclose any suc authorize the disseminatio
I understand that, until the criminal history backgrou deny me unsupervised access to children, the elderly upon request, the qualified entity will provide me a received on me and that I am entitled to challenge the in any such report. I may obtain a timely determinate is made.	 or individuals with disabilities. It a copy of the criminal history back he accuracy and completeness of ar 	further understand that, aground report, if any, my information contained
Yes, I have (OR) No, I have not been con	wirted of or plead sullty to a crim	
If yes, please describe the crime(s) and the particula	rs:	
am a current or prospective (circle one): Applican		/_Contractor or Vendo
	nt / Employee / Volunteer	
Signature	nt / Employee / Volunteer	
Signature	nt / Employee / Volunteer	
Signature	nt / Employee / Volunteer	
Signature Printed Name	nt / Employee / Volunteer	
Printed Name	nt / Employee / Volunteer	
Printed Name Address Date of Birth To Be Completed By Qualified Entity:	nt / Employee / Volunteer Date	
Printed Name Address Date of Birth To Be Completed By Qualified Entity:	nt / Employee / Volunteer Date	
Signature Printed Name Address Date of Birth To Be Completed By Qualified Entity: Entity Name	nt / Employee / Volunteer Date	
Printed Name Address Date of Birth To Be Completed By Qualified Entity: Entity Name	nt / Employee / Volunteer Date	