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SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

Office of Human Resources
3401 CSM Drive – San Mateo, CA 94402
Automated Service Line: (650) 574-6555
Fax: (650) 574-6574

DISTRICT VOLUNTEER SERVICE INFO / FORMS

☐ Skyline College ☐ College of San Mateo ☐ Cañada College ☐ Chancellor's Offc.

Volunteer Name:		Div/Dept:	
Div / Dept Supervisor Name:		Supervisor Tel Num:	
Employee Home Address: City, State, Zip		Home Phone: E-mail:	

In case of emergency, please notify:

(Please Complete by Order of Contact / Minimum of Two Emergency Contacts is Preferred.)

#1 Emergency Contact		**#2 Emergency Contact**	
Name:		**Name:**	
Relationship to Employee:		Relationship to Employee:	
Day/Evening Phone #:		Day/Evening Phone #:	
Home Address: City / State / Zip		Home Address: City / State / Zip	

I will volunteer in this division / dept beginning on (date) _____ and ending on (date) _____ .

I understand that it is my responsibility to update the information included in this form. I understand that I may submit a claim for District Worker's Compensation benefits should any injury occur while performing this volunteer work.

VOLUNTEER SIGNATURE: _____ **DATE:** _____

DIV / DEPT SUPERVISOR SIGNATURE: _____ **DATE:** _____

Please complete the workers' compensation pre-designate personal physician form if you would like to be treated by your personal physician prior to sustaining an injury/illness due to work related injury/illness.

A volunteer assisting in the health center, working with minors, cash-handling or assignment for than one semester will be required to be fingerprinted prior to the start of their volunteer assignment.

Items Included in this Packet:

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

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VOLUNTEER SERVICES
CONFIDENTIALITY CONTRACT

Confidentiality Contract

Volunteers who are providing service in the SMCCCD and its colleges work in programs and offices that contain confidential records and information. Volunteers are not to seek or use any such information other than that which is necessary to fulfill their assigned duties.

Volunteers must not divulge or otherwise release confidential records or information in written or verbal form to anyone except the person of record, as positively identified with an official government issued picture identification, e.g., DMV issued identification or driver's license, passport. Volunteers should request the assistance of a college staff member before releasing any confidential records or information.

Confidential records or information may be released to appropriate requesting agencies or individuals only after approval from an authorized staff member has been given.

I understand misuse confidential information and records will result in service separation. Additionally, I fully understand that if I divulge or misuse confidential information, my volunteer services will be discontinued and I may be liable to civil and criminal prosecution pursuant to federal and state laws and regulations.

_____	_____	_____
Volunteer Name	Volunteer Signature	Date
_____	_____	_____
Authorized Name	Authorized Signature	Date

3/2014

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VOLUNTEER WORK LOG

VOLUNTEER NAME: _____

DIV. / DEPT. SUPERVISOR NAME _____

DATE	START TIME	END TIME

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

Cañada College • College of San Mateo • Skyline College

WORKERS' COMPENSATON COVERAGE

You may be entitled to workers' compensation benefits if you are injured or become ill due to your employment with SMCCCD. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures such as hurting your wrist from doing the same motion over and over).

DISCRIMINATION

It is illegal for SMCCCD to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

BENEFITS

Workers' compensation benefits include Medical care, temporary disability, permanent disability, supplemental job displacement voucher, and death benefits.

MEDICAL CARE

You are entitled to medical care that is reasonably required to cure or relieve you from the effects of your work-related injury. Medical care may include doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. Providers should never bill you directly for work-related injuries.

There is a limit on some medical services.
SMCCCD is required to provide you with a claim form within one (1) business day of learning about your injury. It is extremely important that you complete the "Employee" section of the claim form as SMCCCD is required to authorize medical care within one (1) working day after you file the form. If additional care is necessary after the initial treatment, Sedgwick CMS may authorize care that is appropriate for your injury, including the referral to a specialist.

SMCCCD has designated facilities near the work premises to treat injuries/illnesses that occur out of your employment with SMCCCD where medical treatment is provided.

TEMPORARY DISABILITY BENEFITS (TD)

You may be entitled to payments if you lose wages while recovering. Your temporary disability rate is calculated by multiplying your average weekly wage by two thirds. The first 3 days of disability are not payable under California law unless there is hospitalization at the time of injury, or the disability exceeds 14 days. If your physician returns you to work on a modified basis, you may be entitled to wage loss. This is generally calculated by multiplying the difference between your average weekly wage and your earnings during modified duties times two thirds. This is subject to the benefit minimums and maximums set by the California Legislature. Temporary disability benefits are payable within 14 days of the date of injury or knowledge of the injury.

Subsequent payments are due every 14 days. For injuries occurring on or after 1/1/08, no more than 104 weeks of temporary disability are payable within 5 years from the date of injury. For longer term conditions (hepatitis B &C, amputations, severe burns, HIV, high velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis, and chronic lung disease) no more than 240 weeks within five years from the date of injury are payable. You may be eligible for state disability benefits from the Employment Development Department (EDD) if TD benefits are stopped, delayed, or denied. There are time limits so contact EDD for more information. This is applicable if you currently pay for state disability insurance through another employer.

PERMANENT DISABILITY BENEFITS (PD)

You may be entitled to payments if your physician says your injury has limited your ability to work. The permanent disability rate is calculated by multiplying your average weekly wage by two thirds, subject to statutory minimums and maximums. The amount of permanent disability or impairment may depend on your doctor's opinion, as well as your age, occupation, type of injury and date of injury. If you have permanent disability or your claims examiner suspects you have permanent disability, a letter will be sent to you explaining your benefits, including the estimate or total value of permanent disability, weekly payment amount, how the benefit was calculated, and all of your related rights under the California Labor Code, including your right to object to the report upon which the determination is being based. Permanent Disability benefits are payable within 14 days of the last payment of temporary disability benefits or after your physician indicates there is permanent disability. The benefit is payable every fourteen days. Permanent Disability Benefits are not payable until your claim is finalized if the District offers a job upon termination of temporary disability benefits.

SUPPLEMENTAL JOB DISPLACEMENT BENEFITS

You may be entitled to a non-transferable voucher payable to a state approved school. To qualify, your injury must result in permanent impairment and the District is unable to offer modified or alternative work within 60 days of receipt of a report asserting that all medical conditions have reached maximum medical improvement. If the District does not offer a modified or alternative job within 60 days of termination of maximum medical improvement, you may choose to receive a non-transferable voucher to use at a state accredited school for education related retraining or skill replacement benefit, your claim examiner will provide a voucher for up to $6,000.

RETURN TO WORK FUND

If your injury results in permanent impairment and it is determined that the amount awarded is disproportionately low in comparison to your loss of earnings, you may be entitled to additional compensation. A fund was established to supplement permanent impairment benefits under specific circumstances. This fund is administered by the Division of Workers Compensation. Your examiner can assist you with the correct resource to determine eligibility.

If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: https://www.dir.ca.gov/RTWSP/RTWSP.html

DEATH BENEFITS

Death benefits are paid to dependents of a worker who dies from a work-related injury or illness. The benefit is calculated and paid in the same manner as temporary disability. This benefit is paid at a minimum rate of $224 per week. The death benefit rates are set by state law and the amount depends upon the number of dependents. If dependent minor children are involved, death benefits are payable at least until the youngest child reaches majority age. Burial expenses are also provided under this benefit.

OTHER BENEFITS

When workers' compensation benefits are delayed, denied, or have ended, you may file a claim for disability benefits.

Full-time benefited employees may file a disability claim with Guardian.
https://www.guardiananytime.com/submitclaim/

Part-time Faculty may file a claim with the Employment Development Department (EDD). https://edd.ca.gov/

FALSE CLAIMS AND FALSE DENIALS

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned. (Insurance Code 1871.4)

SMCCCD may not be liable for the payment of workers' compensation benefits for any injury/illness that arises from your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your work- related duties.

REPORT YOUR INJURY

Report a work-related injury or illness immediately to your supervisor/administrator or Human Resources at (650) 358- 6805. Download the Worker's Comp Injury Incident Reporting packet .

Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. SMCCCD is required to provide you with a claim form within one working day after learning about your injury. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars ($ 10,000) within one working day after you file a claim form. If your claim is denied, you have the right to appeal the decision within one year of the date of injury.

FIRST AID

If you need first aid treatment, contact your Campus Health Center.

Cañada Health Center
Bldg. 05-303
canhealth@smccd.edu
(650) 306-3309

College of San Mateo Health Center
Bldg. 5-302
csmwellness@smccd.edu
(650) 574-6396

Skyline College Health Center
skyhealth@smccd.edu
Bldg. 19-100
(650) 738-4270

An incident report form needs to be completed by the employee and supervisor for acknowledgment that an incident has occurred where no medical care beyond first aid is needed and no loss time has occurred.

EMERGENCY MEDICAL CARE

If you need emergency care, call 911 immediately for the hospital, ambulance, fire department or police department. You may also contact Campus Public Safety (650) 738-7000

YOUR PRIMARY TREATING PHYSICIAN (PTP)

This is the physician with the overall responsibility for treating your injury or illness. The primary treating physician determines what type of treatment you need and when you may return to work. A multispecialty medical group of licensed doctors and osteopathy can be designated as personal physicians. You may request to change your treating physician to your personal chiropractor or acupuncturist following a work- related injury or illness to Sedgwick CMS. If specialists, diagnostics, etc. are needed in your case, this physician will be responsible for making the referrals. If you name your personal physician before your injury, you may be treated by him or her for work related injuries/illnesses. Otherwise, SMCCCD has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a physician of your choice after 30 days.

PERSONAL PHYSICIAN PREDESIGNATION

You may be treated by your personal physician if you notify SMCCCD prior to your injury. A personal physician includes a medical group of licensed Doctor of Medicine or osteopathy. Please have your physician complete a pre-designate personal physician form. The following requirements must be met:

1. Your personal physician must agree in advance to treat you for any work injuries or illnesses.
2. Your personal physician must be your regular physician (general/family practitioner, board certified internist, board certified pediatrician, board certified obstetrician/gynecologist.
3. Your physician has previously directed your medical treatment and retains your records, including your medical history.

AVAILABLE FORMS

Forms are available through our District Portal Web Site at: Worker's Compensation. You will find our designated facility panel listing for medical care.
You will also find the pre-designated personal physician form to designate prior to your injury/illness at any time throughout your employment with SMCCCD. You may also find the worker's compensation new injury reporting packet. The packet provides forms to be completed by the injurer, your supervisor and information sheets related to benefits that you may be eligible.
For District Vehicle accidents Reporting, please complete additional forms.
Please visit Frequent Asked Questions regarding Worker's Compensation.

CLAIMS ADMINISTRATOR

Sedgwick Claims Management Services, MCU WC
P.O. Box 14421, Lexington, KY 40512-4421
Telephone: (877) 809-9478

You may contact an information and assistance officer at the State Division of Workers' Compensation, toll free (800) 736-7401, visit http://www.dir.ca.gov, San Francisco Office
(415) 703-5020 San Jose Office (408) 277-1292.

EMPLOYER DISPUTES YOUR INJURY

State law requires SMCCCD to authorize medical care within one working day of receiving a DWC 1 claim form. Your employer may be liable for as much as $10,000 in medical care until your claim is accepted or denied.

CONSULT WITH AN ATTORNEY

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120.
https://www.calbar.ca.gov/Attorneys/Legal-Specialization

QUESTIONS

If you have questions, you may contact Human Resources at (650) 358-6805.

DESIGNATED MEDICAL FACILITIES

Concentra
3 South Linden Avenue
South San Francisco, CA 94080
Tel: (650) 238-1500
Fax: (650) 238-0508

Monday - Friday: 8:00a.m. – 8:00p.m.
Saturday 10:00a.m. - 2:00p.m

Concentra
125 Shoreway Road Suite A
San Carlos, CA 94070
Tel: (650) 556-9420
Fax: (661) 678-2779

Monday - Friday: 8:00a.m. - 5:00p.m.

24-HOUR EMERGENCY FACILITIES

The facilities listed below are optional 24-hour emergency situations near our colleges that offer 24- hour emergency services. In an emergency you should go to the nearest emergency facility.

An emergency is one that is LIFE THREATENING, or which involves a severed member, permanent disfigurement, or risk of loss of your eyesight.

Seton Medical Center Emergency Dept.
1900 Sullivan Avenue Daly City, CA 94015
Tel: (650) 692-4000

Peninsula Medical Center Emergency Dept.
1783 El Camino Real Burlingame, CA 94010
Tel: (650) 696-5400

Mills Health Center Emergency Dept.
100 South San Mateo Drive, San Mateo, CA 94401
Tel: (650) 696-4500

Sequoia Hospital Emergency Room
170 Alameda de las Pulgas Redwood City, CA 94062
Tel: (650) 367-5541

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Workers' Compensation: Pre-Designation of Personal Physician

You have the right to be treated immediately by your personal physician if you notify SMCCCD, in writing, prior to the injury. Per Labor Code 4600 to qualify as your predesignated, personal physician (M.D./D.O.), **the physician must agree to treat you for a work-related injury**, must have previously directed your medical care, and must retain your medical history and records.

Please use this form to notify SMCCCD to designate your personal physician. Otherwise, you will be treated by one of our designated workers' compensation panel facilities (listing in our new hire injury/illness reporting packet).

EMPLOYEE NAME:

☐ **I acknowledge receipt of this form and elect not** to predesignate my personal physician at this time. I understand that I will receive medical treatment from SMCCCD designated workers' compensation panel facilities. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

☐ **If I am injured on the job, I wish to be treated by my personal physician.** This physician is my personal physician who has previously directed my medical care and retains my medical history and records.

Name of Physician: _____ **Phone Number:** _____

Physician's Address: _____

Name of Personal health insurance plan coverage: (non-occupational injuries or illnesses)

_____

_____ _____
Employee Signature **Date**

A *Personal Physician* must be willing to be a designated physician and treat you for a workers' compensation injury/illness.

The following to be completed by your physician and returned to SMCCCD.

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify **you must agree to be designated as the employee's personal physician and treat this employee for a work-related injury**. You must have previously directed the employees' medical care and retain their medical history and records. Our primary goal is to provide our employees with prompt, effective, quality medical treatment in the event of an industrial injury. We request your partnership by completing this acknowledgement form.

☐ **I agree to treat the above-named employee in the event of an industrial accident or injury**. I have previously directed the employee's medical treatment and retain medical records and medical history. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

☐ **I do not agree to treat the above employee in the event of an industrial accident or injury.**

☐ **I do not qualify as the employees' personal physician** per Labor Code 4600. I have not previously directed the employee's medical treatment and do not retain medical records and medical history.

Return Completed Form to Human Resources via dropbox - https://www.dropbox.com/request/DBvTrBKlsVg7WwHFu4M2

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FINGERPRINTING INFORMATION AND PROCEDURES

Pursuant to the California Education Code, District Rules and Regulations, and applicable laws, employees of the San Mateo County Community College District are required to be fingerprinted. Please complete your fingerprinting prior to your first day of employment.

- All permanent employees (whether full time or part time), adjunct faculty, and assistant coaches
- All employees who will be working with money, minors, or health services (regardless of the duration of the employment, or whether it is full time or part time)
- All employees, including short term employees, students and volunteers, who will be working for a semester or longer

Fingerprinting for new District employees can be completed at any of our Bookstore locations:

College of San Mateo
Campus Copy and Post
Building 10 - Room 190
1700 W. Hillsdale Blvd
San Mateo, CA 94402

Skyline College
Graphics Arts & Production
Building 19
3300 College Drive
San Bruno, CA 94066

Cañada College
Bookstore
Building 2
4200 Farm Hill Blvd
Redwood City, CA 94061

Appointments can be made at: **https://app.acuityscheduling.com/schedule.php?owner=12305595**

You are required to bring the following items with you to your fingerprint appointment:

1. **A non-expired U.S. Driver's License or DMV issued ID Card**
   Please see alternate identifications
2. **A Completed Livescan Request form**

NOTE: International students can wait until they receive their first pay check to be fingerprinted so that they can use their foreign passport and pay stub for identification.

If you have any questions, please contact the Bookstore staff at each campus:

- CSM (650-574-6367) csmbookstore@smccd.edu
- Skyline (650-738-7014) skylinebookstore@smccd.edu
- Cañada (650-306-3313) canadabookstore@smccd.edu

Your fingerprints will be processed in approximately one to three (3) business days, and the results will be reported to the Vice Chancellor, Human Resources and General Counsel.

Previous convictions are reviewed carefully as to type of violation, regency, severity and relevance to the type of work for which you are being hired. Criminal record information is processed in strictest confidence and pursuant to regulations of the State of California Department of Justice, Bureau of Criminal Identification and Information, California Education Code and SMCCCD Rules and Regulations.

No person, who has been convicted of any sex offense as defined by the California Education Code or convicted of a controlled substance offense, shall be employed or retained in employment by a California community college district.

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RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING

Your Right to Take Time Off:

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, or stalking.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. This Notice explains rights contained in California Labor Code sections 230 and 230.1.

Please contact Human Resources for further information.

5/2017

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1200
ORI (Code assigned by DOJ)

SCHOOL EMPLOYEE
Authorized Applicant Type

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

Contributing Agency Information:

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT
Agency Authorized to Receive Criminal Record Information

03734
Mail Code (five-digit code assigned by DOJ)

3401 CSM DRIVE
Street Address or P.O. Box

Kevin Chak - Skyline Bookstore Manager
Contact Name (mandatory for all school submissions)

SAN MATEO
City

CA
State

94402
ZIP Code

(650) 738-4449
Contact Telephone Number

Applicant Information:

Last Name

First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last Name

First Name | Suffix

Date of Birth

Sex ☐ Male ☐ Female

NA
Driver's License Number

NA
Height

NA
Weight

NA
Eye Color

NA
Hair Color

Billing Number 141009
(Agency Billing Number)

NA
Place of Birth (State or Country)

Social Security Number

Misc. Number NA
(Other Identification Number)

Home Address NA
Street Address or P.O. Box

NA
City

NA
State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: NA
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):

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

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

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

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:

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