



239 W. Tefft St., Ste. 1
 Nipomo, CA 93444
 805-929-5437
www.nipomorecreation.org

Dear Volunteer Basketball Coach,

Below are the Live Scan Sites.

San Luis Obispo County

Location	Hours	Rolling Fee	Form of Payment
The UPS Store 110 S. Mary Ave., Ste. 2 Nipomo, CA 93444 Contact Scott: (805) 929-0055	M, W, (Th 10am-3pm) Tu, Fr (11am-5:30pm) Appointment only	\$20.00	Cash, Check, Credit Card
Arroyo Grande Police Dept. 200 N Halcyon RD Arroyo Grande, CA 93420 Contact: (805) 473-5113	M, W, F (1:30pm-4:30pm) Appointment Only	\$ 10.00	Cash Checks
Pismo Beach Pismo Beach PD 1000 Bello St. Pismo Beach, CA 93449 Contact: (805) 773-7024	T, Th (1pm – 5pm) Appointment Only	\$ 12.00	Cash Only

Santa Barbara County

Location	Hours	Rolling Fee	Form of Payment
Santa Barbara Co Sheriff's Dept 812-A West Foster Road Santa Maria, CA 93455 Contact: (805) 934-6150	M - F (8:30am-11:30am) (1pm-4pm) Appointment Only	\$ 7.00	Cash Only
Santa Maria Police Dept. 222 E. Cook Street Santa Maria, CA 93454 Contact: (805) 928-3781, x295	M - F (Call for Appt. Time) Appointment Only	\$ 12.00	Cash Checks
Silvia's Fingerprint Experss 920 S. Broadway, Ste. H Santa Maria, CA 93454 Contact: (805) 739-8999	M, Tu, W (9am-3pm) Walkin or Appointment	\$17.00 to \$25.00	Cash Only



REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

Applicant Submission

AA869
ORI (Code assigned by DOJ)

Volunteer
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:

Nipomo Area Recreation Association
Agency Authorized to Receive Criminal Record Information

37436
Mail Code (five-digit code assigned by DOJ)

P.O. Box 346
Street Address or P.O. Box

Jeff Long
Contact Name (mandatory for all school submissions)

Nipomo CA 93444
City State ZIP Code

(805) 929-
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 144333
(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):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

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.

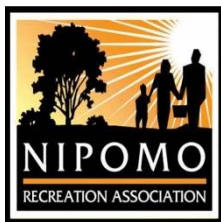
Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information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



Volunteer Application for the Nipomo Youth Basketball League Nipomo Area Recreation Association



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

How long at this address? _____ *If less than 5 years, please list prior residence(s) on the back of this sheet.*

Date of Birth: _____
Month Day Year

Position applied for (check all that apply)

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Referee | <input type="checkbox"/> Other: |

Driver's License #: _____

Sex: Male Female

Do your children participate in this or any other team sport? Yes No If yes, please list the names of their team/league: _____

Employment History (5 years—Please attached additional sheets, if necessary)

Current Employer: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

How long with this company? _____ Supervisor's Name: _____

Previous Employer: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

How long with this company: _____ Supervisor's Name: _____

Coach/Referee/Volunteer History (5 years—Please attach additional sheets, if necessary)

Organization Name: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

Dates Held: _____ Director's Name: _____

Previous Employer: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

Dates Held: _____ Director's Name _____

Personal References (not relatives)

1. Name: _____ Address: _____

City/ST/Zip: _____ Telephone: _____

2. Name: _____ Address: _____

City/ST/Zip: _____ Telephone: _____

3. Name: _____ Address: _____

City/ST/Zip: _____ Telephone: _____

What do you hope to gain by working or volunteering in the Nipomo Youth Basketball League?

What group(s) do you prefer to work with? Male Female Youth

Why?

Criminal History:

- 1. Have you ever been convicted of a misdemeanor or felony? Yes No
- 2. Have you ever plead guilty or nolo contendere for any offense in any court of law, in the U.S. or elsewhere? Yes No
- 3. Has any court deferred further proceedings without entering a finding of guilty, or placed you on probation? Yes No
- 4. Have you ever been arrested for, or voluntarily resigned or been removed from a position of authority as a result of charges of dishonesty, moral turpitude or assault? Yes No

If you answered YES to any of the preceding four questions, please provide details on the back of this page or on a separate sheet and attach to this application. Affirmative answers and/or conviction of a crime are not an automatic bar to your consideration for employment or volunteer position within this organization. The nature and date of the offense and its relationship to the position for which you are applying will be taken into consideration.

Statement/Waiver

I certify that all of the statements in this application, and in any attachments hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect my application unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer or staff position with Nipomo Area Recreation Association (NARA) or, following acceptance of service, may be cause for the immediate termination of my relationship with NARA. I further certify that I understand that NARA's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I specifically acknowledge that NARA will inquire about, and I authorize them to verify, my prior employment, experience, personal references, background, including criminal background checks which may contain arrest and conviction data. I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in NARA activities, and I fully consent to such investigations. I release NARA, its directors and officers, employees, affiliates, volunteers, agents and representatives, as well as any third parties that NARA or its affiliates contact, directly or indirectly, regarding my application to, or future services with, NARA or its affiliates, from any liability in connection with the NARA's investigation, or their contact with third parties.

I further agree to conform to the rules, regulations, and policies of NARA and its affiliates, and understand that my service/employment and compensation, if any, can be modified or terminated with or without notice or cause, at any time, at the option of either NARA or its affiliates, or at my option. I understand that no representative of NARA has the authority to enter into any agreement for service/employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand and agree that NARA or its affiliates may, in their sole discretion, decline to accept my application for volunteer/staff services with or without cause.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE APPLICATION AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.

Signature of Applicant

Please Print Name

Date
