SCHOOL ADMINISTRATIVE UNIT NO. 17 OFFICE OF THE SUPERINTENDENT OF SCHOOLS 51 Church Street, P.O. Box 429, Kingston, NH 03848 TELEPHONE (603) 642-3688

VOLUNTEER

NAME	DATE
ADDRESS	
TELEPHONE	Email Address
	portunity to thank you for volunteering at the Sanborn Regional School District! forms needed before you begin.
	Criminal History Records Check - see information attached. NOTE: THIS OFFER TO VOLUNTEER IS CONDITIONAL UPON RECEIPT OF ACCEPTABLE RESULTS FROM CRIMINAL RECORDS CHECKS.
	School Board Policy Signature Page
	Confidentiality Requirement
	Statement of Safety Letter
This is to verify that District's policies on	I have received and completed the above information and reviewed the the District website – www.sau17.org .
NAME (Please Print)
	\otimes
Date	Signature
NOTE N	

NOTE: Please return this form to the SAU office.



Memo from the Office of the Superintendent

To:	All Staff	
From:	Dr.Thomas J. Ambrose	
Re:	School Board Policies	
of all the Disto access. While you sl Board felt th AC - ACAA ACAA ACAA ACAA ACAA ACAA ACA	As part of its duties, the School Board's Policy Committee completes an extensive review and revision of all the District's policies and places these policies on the District's web site for all in the communit to access. While you should be familiar with all the policies, rules and regulations that govern our schools, the Board felt that the listed policies are of particular importance to staff. AC - Non-Discrimination/Equal Opportunity ACAA - Harassment and Sexual Harassment of Students ACAA-R - Student Discrimination/Harassment and Title IX Sexual Harassment Complaint Procedures ACAB - Harassment and Sexual Harassment of School Employees ACE - Non-Discrimination on the Basis of Handicap/Disability GBEA - Staff Ethics GBEB - Staff Conduct GBEBA - Staff Dress Code GBEC - Drug-Free Workplace/Drug-Free Schools	
GBEF GBEF	BB - Employee-Student Relations -R - Employee Computer and Internet Use Rules O – Background Investigation and Criminal Records Check	
rules and reg Board/Policy I have review	e sure that everyone is aware of these important issues, please review the listed policies, ulations that govern our schools by visiting our website at www.sau17.net (School Manual/Policy Manual Index) or by contacting your immediate supervisor. Wed the school board policies. Please sign where indicated below and return to your building his form will be kept in your personnel file at the SAU Office.	
NAME	SCHOOLPlease Print	
SIGNATURE	DATE	

51 Church Street . Kingston, NH 03848

Dr. Thomas J. Ambrose, Superintendent

Christine Desrochers, M.S. Ed Director of Curriculum & Instruction Matthew Angell, CPA JD Business Administrator Dr.Troy Kennett Director of Student Services

CONFIDENTIALITY REQUIREMENT

The undersigned employee/volunteer/substitute of the Sanborn Regional School District hereby acknowledges that all personally identifiable student information shall be kept confidential in accordance with the requirement of the Family Educational Privacy Act (FERPA). Specifically, all personally identifiable student information obtained from student records, observations, student work product, or by any other means, shall only be shared with parents of the student in question, other individuals with appropriate written authorization, or with other school officials that have a legitimate education interest in such information. If the undersigned employee/volunteer/substitute has any question as to whether or not such information may be shared in accordance with this requirement, it is incumbent upon the employee/volunteer/substitute to seek the assistance of his/her immediate supervisor. Violation of this Confidentiality Requirement may result in discipline, up to and including termination or disqualification from continued service with the Sanborn Regional School District.

a:	Data
Signature	Date
<u> </u>	
Print Name	

The mission of the Sanborn Regional School District is to work in partnership with the community to educate all learners in a safe environment. Together we are committed to providing these individuals with opportunities to develop the skills necessary to become responsible citizens who are capable of pursuing knowledge independently and making well-informed decisions.

In accordance to Title IX of the Civil Rights Act of 1964 the Sanborn Regional School District prohibits discrimination because of sex or gender, "No person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal assistance."

SRSD File: IJOC-R

VOLUNTEERS CONFIDENTIALITY AGREEMENT

While performing volunteer services for the Sanborn Regional School District, I understand that I am bound by laws and policies which protect the privacy of student information to which I am given access. I agree to keep this information in the strictest confidence and recognize that the failure to do so may result in my being denied the opportunity to volunteer.

Signature of Volunteer	Date
Signature of District Designee (Principal, Superintendent, etc.)	Date

Effective: October 2, 2013

51 Church Street • Kingston, NH 03848

Dr. Thomas J. Ambrose, Superintendent

Christine Desrochers M.S.Ed Director of Curriculum & Instruction Matthew Angell, CPA JD Business Administrator Dr. Troy Kennett Director of Student Services

Statement of Safety

The Sanborn Regional School District values the health, welfare, and safety of every employee and intends to provide a safe and healthful workplace. Accidents cause untold suffering and financial loss to our employees and their families.

In pledging its full support of the safety process, the School Board recognizes certain obligations:

- 1. That prevention of accidents and protection of all resources are guiding principles.
- 2. That all operational decisions affecting safety must receive the same consideration as those affecting production or quality.
- 3. That safe working conditions and methods are of prime importance and take precedence over shortcuts and "quick fixes."
- 4. That the school district will comply with all safety laws and regulations.
- 5. That feedback will be welcomed from all employees.
- 6. That all employees will follow all safety rules, take no unnecessary chances, use all safety guards and equipment, and make safety an integral part of their lives.

As an employee of the school district, you have a responsibility to yourself, your family, your coworkers, and the community to understand and follow our safety process. We must be alert in detecting and taking steps to remedy potentially hazardous conditions. Above all, we must exercise concern for others to help ensure everyone's safety, well-being, and productivity.

Your efforts will make the difference!

Dr. Thomas J. Ambrose Superintendent of Schools

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Serving the Towns of Kingston and Newton School Administrative Unit #17 51 Church Street, P.O. Box 429, Kingston, NH 03848 (603)642-3688 FAX (603)642-7885

TO: SANBORN REGIONAL SCHOOL DISTRICT APPLICANT

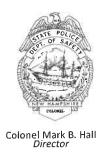
RE: EMPLOYEE BACKGROUND INVESTIGATION

PLEASE NOTE

YOU MAY NOT BEGIN YOUR EMPLOYMENT WITH THE SCHOOL DISTRICT UNTIL THE ATTACHED INFORMATION HAS BEEN COMPLETED AND RECEIVED BY THIS OFFICE.

- RESPONSE TO YOUR CRIMINAL HISTORY RECORD REQUESTS MAY BE DELAYED because of illegible information on the request form and fingerprint submission.
- Please be sure that information on both State of NH Form and the Kingston Police Department form is clearly printed and completely filled out.
- The applicant Criminal History Authorization Form and Livescan combo (written check payable to the State of NH-Criminal Records) must be submitted at the same to the SAU Office for \$21.25
- Please include your **driver's license number** below the address on your check (payable to the State of NH Criminal Records). The Division of State Police not accept checks without this information.
- Your fingerprints need to be taken at the Kingston Police Department. The Kingston Police Department submits Livescan fingerprinting electronically. Your information (descriptor) and fingerprints will be electronically captured and submitted for processing eliminating illegible fingerprint cards and missing data. The Kingston Police is open from 11:00 11:30 a.m. and 3:00 3:30 p.m. for fingerprinting.

THANK YOU FOR YOUR COOPERATION!

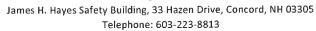


State of New Hampshire

DEPARTMENT OF SAFETY

Robert L. Quinn, Commissioner of Safety

Division of State Police





APPLICANT/LICENSING LIVESCAN FINGERPRINTING

			upon showing valid
	(Name of Applicant/ Licensee)		(Applicant's DOB)
	identification, was fingerprinted by LiveScan	tech	nology at
			(Location)
on _		trai	nsaction is
_	(Date)		
<u>IMPOI</u>	RTANT: Applicants are responsible for the submission of the and any applicable fees. Fingerprint images will one within 30 days will require you to be re-fingerprinted.	ly be i	Criminal History Record Authorization Request Form, this form, held for 30 days. Failure to submit this form to your state agency charged additional fingerprinting fees.
Pleas	se select one of the following reasons for fingerp	orint	ing.
	ADAM WALSH - EMPLOYEE/VOLUNTEER		EMERGENCY MEDICAL & TRAUMA SERVICES – RSA 153-A:10-a
	ADOPTIVE PARENT VOLUNTEER – RSA 170-B:18		FOSTER PARENT VOLUNTEER - RSA 170-E:29
	ALCOHOL & DRUG COUNSELORS - RSA 330-C:20		HAWKERS/PEDDLERS - RSA 31:102-b
	ALLIED HEALTH PROFESSIONALS – RSA 328-F:18-a		IRS PUBLICATION ADMINISTRATION - RSA 21-G:9 VII
	APPLICANTS FOR MEDICAL TECHNICIAN - RSA 328-1:7		IRS PUBLICATION DEPT OF REVENUE - RSA 21-J:3-a
	APPLICANTS TO PRACTICE MEDICINE - RSA 329:11-a		MEDICAID PROGRAM
	ARMED GUARD		MUNICIPALITY - EMPLOYEE/VOLUNTEER - RSA 41:9-b
	BOARD OF DENTISTRY - RSA 317-A:8-a		NATUROPATHIC HEALTH CARE – RSA 328-E:9-a
	BOARD OF MEDICAL IMAGING AND RADIATION THERAPY – RSA 328-J:7-a		NH BANKING DEPARTMENT – MULTIPLE RSA'S
	BOARD OF MENTAL HEALTH - RSA 330-A:15-a		NH LOTTERY COMMISSION-RSA 287-D:12
	BOARD OF NURSING - RSA 326-B:15		FACILITYOPERATOR
	BOARD OF PSYCHOLOGISTS - RSA 329-B:14-a		NURSING HOME ADMINISTRATOR - RSA 151-A:6a
	CCDBGA - LICENSED CHILDCARE / CHILDCARE INSTITUTIONS / CHILDCARE EXEMPT		PHYSICIAN ASSISTANT - RSA 328-D:3-a
	CJAP - AGENCY		REAL ESTATE APPRAISERS – RSA 310-B:6-a
	COUNTY EMPLOYEE - RSA 28:10-c		SERVE AMERICA ACT - EMPLOYEE/VOLUNTEER
	DEPT. OF SAFETY - RSA 21-P:15-c AGENCY		THERAPEUTIC CANNABIS - RSA 126-X:8 IV-a
	DRIVERS EDUCATION - RSA 263:44-b II		OTHER
	EDUCATION - EMPLOYEE/VOLUNTEER - RSA 189:13-A SAU#TRANSPORTATION		UPDATED 07.2023

Questions regarding this form please contact State Police Criminal Records at 603-223-3867. Speech/Hearing Impaired TDD Access: Relay NH 1-800-735-2964 or 711.

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. As of 03/30/2018

Exchange of FBI identification records § 50.12

- (a) The Federal Bureau of Investigation, hereinafter referred to as the FBI, is authorized to expend funds for the exchange of identification records with officials of federally chartered or insured banking institutions to promote or maintain the security of those institutions and, if authorized by state statute and approved by the Director of the FBI, acting on behalf of the Attorney General, with officials of state and local governments for purposes of employment and licensing, pursuant to section 201 of Public Law 92-544, 86 Stat. 1115. Also, pursuant to 15 U.S.C. 78q, 7 U.S.C. 21 (b)(4)(E), and 42 U.S.C. 2169, respectively, such records can be exchanged with certain segments of the securities industry, with registered futures associations, and with nuclear power plants. The records also may be exchanged in other instances as authorized by federal law.
- (b) The FBI Director is authorized by 28 CFR 0.85(j) to approve procedures relating to the exchange of identification records. Under this authority, effective September 6, 1990, the FBI Criminal Justice Information Services (CIIS) Division has made all data on identification records available for such purposes. Records obtained under this authority may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities. Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. These officials also must advise the applicants that procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34. Officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. A statement incorporating these use-and-challenge requirements will be placed on all records disseminated under this program. This policy is intended to ensure that all relevant criminal record information is made available to provide for the public safety and, further, to protect the interests of the prospective employee/licensee who may be affected by the information or lack of information in an identification record. [Order No. 2258-99, 64 FR 52229, Sept. 28, 1999]

Procedure to obtain change, correction or updating of identification records §16.34

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

[Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order No. 2258-99, 64 FR 52226, Sept. 28, 1999]

I hereby acknowledge that I have read and understand my rights as set forth above by the Privacy Act
Statement, Exhange of FBI Identification Records and Procedure to obtain change, correction or updating of
identification records.

^		
	Signature	of Applicant



New Hampshire Department of Safety **DIVISION OF STATE POLICE**

Central Repository for Criminal Records 33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD RELEASE FORM

SCHOOL EMPLOYEE/VOLUNTEER CRIMINAL HISTORY RECORD CHECK - RSA 189:13-A

I hereby authorize the New Hampshire Departm Officer of an employing school administrative us the presence of any Felony and/or Misdemeand	nit school district.	chartered public school, public ac	cademy, or non-public school of I
CHRI RELEASED TO: SANBORN REGIONAL SCHOOL DIS Name of SAU MR. THOMAS J. AMBROSE	STRICT	SAU #17 Employee	
Superintendent/Chief Executive Officer P.O. Box 429, 51 Church Street, Kingston, NH 0384 Address	18	Volunteer Prepaid Account Number_	
CHRI TO BE REQUESTED ON: Name:			
Name:	(MAIDEN)	FIRST	MI
Address:	CITY	STATE	ZIP
Date of Birth:/_/	Soc	ial Security # (optional):	1 1
Releasee's Signature:			
(ATIX S			
5703.12 Procedure for Correction a CHRI (a) Persons or the itory. (b) A copy shall be provided to a person if after review fortion of his/her CHRI which he/she believes to be inaccurated the shis/her version to be correct. (d) The director shall take the yor court which submitted the record to compare the information submitted and the information maintained tiffied; and (3) If the challenge is invalid, the person shall be in motify all non-criminal justice agencies, to whom the data has distinguished the facts, dates, and results of each formal stage of the ded. RNING: The Division of State Police is the Crimina on what has been reported to the Repository and	eir attorneys desiring v he/she indicates he/s e or incorrect, and sha he following actions wi hat by the law enforcement formed and advised or been disseminated in criminal justice processal Record Reposit	ne needs the copy to pursue the challenge ill also give a correct version of his/her rethin 30 days of receipt of challenge: (1) Rether the challenge is valid; (2) If the challenge or court, the record shall be coff the right to appeal pursuant to RSA 541. the last year, of the correction.(f) The perses through which he passes, to ensure	cord with an explanation of the reason that is eview the records and contact the law enforce llenge is valid, which means there is a discretrected and the person and appropriate CJAs (e) When a record has been corrected, the direct soon shall be entitled to review the informatic that all such steps are completely and accurate. The record you have received is
Fees: □ LIVESCAN - \$37.0	0 -or- □ INKED -	\$47.00 for Employees and \$20.7 r Employees and \$30.75 for Volu	5 for Volunteers
Applicant fingerprint card must be submitted			
Make checks payable to: State of NH – Crir		, ,	
• •			