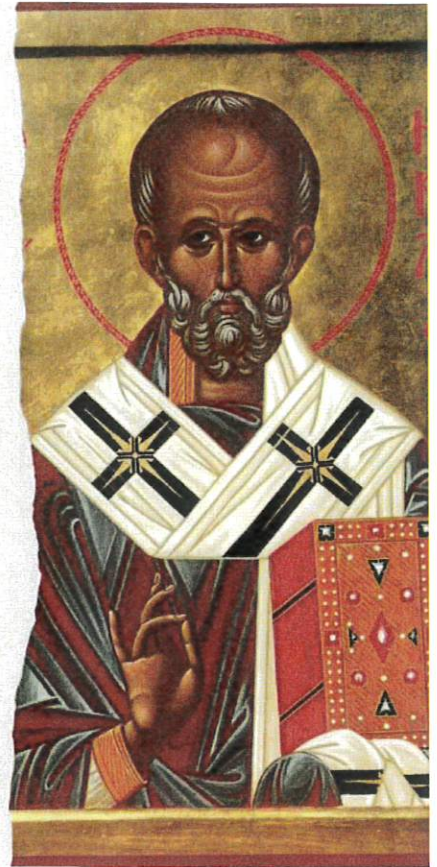




Youth Ministry Protection and Safety Program Requirements

Save the date: Sunday, April 28, 2024

- With the new CA State law on mandated reporting for all youth workers/volunteers Saint Nicholas is required to comply with background checks, training (annually) and fingerprinting.
- Those that have fulfilled the Archdiocese on-line account set up, Code of Conduct, background check and training module will be allowed to get your fingerprints. These requirements need to be completed before April 28th.
- Saint Nicholas graciously will be offering free fingerprinting services only on April 28th - Palm Sunday from 11:30 am – 3:00 pm. We encourage all youth workers/volunteers to sign up to comply with these legal requirements. Please complete the attached form and bring 2 copies with you during your appointment.





REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AX425 Volunteer
 ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:

The Greek Orthodox Metropolis of San Francisco 31065
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

245 Valencia St. Contact Name (mandatory for all school submissions)
 Street Address or P.O. Box

San Francisco CA 94103
 City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex Male Female

Date of Birth Driver's License Number

Height Weight Eye Color Hair Color Billing Number 149945
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number Misc. Number
(Other Identification Number)

Home Address City CA State ZIP Code
 Street Address or P.O. Box

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

Applicant Signature Date

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) (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 _____