



5 Steps Required for Background Check

Community Presbyterian Church

Thank you for your time and heart concerning the youth of this ministry! We appreciate your completing the background check (live scan). Please follow the steps below to avoid any confusion. It will take approximately 2 weeks for us to get the results. If you have any questions or hesitations, please contact me or our Student Ministries administrator, Mary Jannasch (mary@cpcdanville.org).

Thanks,

STEP 1: Print the provided “Request for Live Scan Service” application or pick one up from the Youth Ministry Office.

STEP 2: Fill out the Yellow Highlighted portions for applicants. Note that the top portion of the application has already been filled in for you.

STEP 3: Call Danville Police Department (925)314-3700 to schedule an appointment to get the live scan completed. (Please go to this police department only as we are set up to be billed directly and receive a discount). Appointment will take approximately 15-20 minutes

STEP 4: Go to live scan appointment. ROCK High School Ministry will cover the fee, which is charged directly to the church. Once complete, be sure to get a copy of your signed and completed application form.

Address: 510 La Gonda Way, Danville, CA 94526

STEP 5: Deliver, fax or email the signed application copy to CPC, Attention: Chris Cousin, Controller or Mary Jannasch, Student Ministries Administrative Assistant.

Address: 222 West El Pintado Road, Danville, CA 94526

FAX: (925)820-3845

Email: chris@cpcdanville.org (preferred) or mary@cpcdanville.org



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A6304

ORI (Code assigned by DOJ)

Volunteer

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:

San Ramon Valley Christian Academy

Agency Authorized to Receive Criminal Record Information

220 W El Pintado Road

Street Address or P.O. Box

Danville

City

CA 94526

State ZIP Code

05619

Mail Code (five-digit code assigned by DOJ)

Tina Fischer

Contact Name (mandatory for all school submissions)

(925) 837-5525 Extension 210

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex Male Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number 142829

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

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

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed