



VECHS WAIVER AGREEMENT AND STATEMENT
Volunteer & Employee Criminal History System

for Criminal History Record Checks

under the National Child Protection Act of 1993, as amended

Pursuant to the National Child Protection Act of 1993, as amended, this form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (**enter Name of Qualified Entity**) Village Co-op to submit a set of fingerprints through the TBI vendor and this form to the Tennessee Bureau of Investigation (TBI), for the purpose of accessing and reviewing Tennessee and national criminal history that may pertain to me directly from the FBI, pursuant to 28 CFR, Sections 16.30-16.34. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me with a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me is being requested by the following:

Name of Qualified Entity: *Village Co-op*

Address: *1823 Marian Lane*

City: *Murfreesboro*

State: *TN* **Zip:** *37130*

I have OR have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I am a current or prospective (check one):

Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Village Co-op

Address: 1823 Marian Lane

City: Murfreesboro State: TN Zip: 37130

Telephone: 703-801-5148 Fax Number: NA

ORIGINAL MUST BE RETAINED BY QUALIFIED ENTITY

COPY MUST BE SUBMITTED TO TBI

BACKGROUND CHECK INSTRUCTIONS

Village's ORI number with the Tennessee Bureau of Investigation is [TNCC75054](#).

1. Go to <https://tn.ibtfingerprint.com/>
2. Choose Schedule a New Appointment
3. Choose 'Don't know your service code'
4. For Agency ID choose "NON-DCS Childcare/Adoption Providers"
5. For Applicant Type choose "Child-Related Worker Volunteer (Private)"
6. Enter our ORI number, [TNCC75054](#)
7. Accept the terms.
8. Enter your zip code.
9. Choose the day, time and location that work best for you.
10. Complete the demographics page.
11. Print your confirmation page & attend your scheduled appointment.
12. Process your payment at your appointment. *Village does not collect background check payments.*

Please complete your background check and fingerprinting ASAP. Results will be sent to Village.

The Background Check Waiver is turned into Village.