



Dear Prospective TCS Volunteer,

Thank you for your interest in becoming a Trinity Christian School volunteer for the school year! To further the security of our TCS students, the School Advisory Committee and the School Board have approved this volunteer packet, which adheres to the State Policy HB 7069 guidelines for volunteer background screening. You will be joining a growing group of parents and grandparents who function in valued positions. You are greatly appreciated!

The typical volunteer offers his/her services part or all of a day. The hours and days you volunteer will be agreed upon with the staff member with whom you are volunteering. Staff members are generally not able to accommodate volunteers who request to work in their child's classroom, since it is sometimes distracting for the child. It is required that volunteers sign in and out with the front desk and wear their volunteer badge at all times.

All required application forms must be filled out completely, returned to the Erbey Center front office, and processed **before** volunteering can begin. Submittal of the three forms, as well as the background screening process, may take up to two weeks from the date of submission, so please plan accordingly. We suggest you start the process as soon as possible. This process needs to be completed by each volunteer each school year. Feel free to make copies for spouses etc. Below is the process to follow. The forms mentioned are attached.

- Complete and sign Trinity Christian School's **Volunteer Application**. Include a copy of your current Florida Driver's License and automobile insurance card. Attached to this application are the **Volunteer Guidelines**. Please read them carefully.
- Complete and sign the **Volunteer Affidavit** and the **Child Care Attestation of Good Moral Character**.
- Complete the **LiveScan Background Screening Submission Form (every 5 years)**. TCS is only registered with Atlantic Personnel & Tenant Screening. You must make an appointment and visit their office.
- Complete the **Release of Information Form** (local background check, every subsequent year).

The TCS Administration will contact you when all of your paperwork has been approved. You may begin volunteering after notification. Thank you for your willingness to serve.



Purpose of the change in Volunteer Requirements

Beginning August 1, 2010, HB 7069 took effect and changed critical aspects of the current background screening process. The background screening process is required of applicants, current employees, and **volunteers**.

The most significant change to our providers is that employers will not be able to employ applicants for positions of special trust or responsibility until the applicants are cleared by a complete background screen to include a fingerprint-based search of criminal records in Florida and nationally.

- New 5 year rescreen requirement is a fingerprint screen (FBI/FDLE) instead of FDLE only
- ***Each subsequent year, TCS will only require a local background screening***

In order to timely meet the needs of our partners, the Department is requesting that providers ask applicants to submit fingerprints using electronic LiveScan through private vendors. *TCS has chosen to work with Atlantic Personnel & Tenant screening because it is the closest LiveScan vendor to our facility.*

Livescan results can be received by the Department in as little as 24 to 48 hours. This is in contrast to hard copy fingerprint submission results being received and processed by the Department anywhere from 4 to 6 weeks. The process is as follows:

- Facility/Provider receives a determination from the DCF Background Screening Office for FBI and FDLE.
- The clearance is sent to the provider electronically via email.
- When LiveScan results are received with **no criminal history**, the clearance letter will be issued electronically within 5 days of LiveScan transmission prints to FDLE by the LiveScan vendor.

Once the LiveScan vendor transmits the prints to FDLE (which is usually within 24 hours of actually rolling the prints), FDLE takes 48 hours to get the results to DCF electronically. BGS will issue a clearance letter via email within 48 hours of receiving the results from FDLE.

Should a result contain potentially disqualifying criminal history or be returned as illegible, the determination process depends on the length of time taken by the applicant to provide BGS with the reprint or court certified/required information.

The presented information was gathered from the following website:
www.dcf.state.fl.us/admin/backgroundscreening/



VOLUNTEER GUIDELINES

In order to provide the best atmosphere for volunteers, TCS staff, and particularly students, the following guidelines have been established. TCS appreciates your attention to detail in these matters. Thank you for your service!

What is a TCS Volunteer?

A person having contact with TCS students who gives his/her time in any aspect of campus life is considered a volunteer. This includes, but is not limited to, event volunteers, sports volunteers, field trip chaperones, as well as office, library, lunch, and classroom helpers.

What paperwork must be completed?

All new as well as returning volunteers must complete volunteer applications/paperwork which must be processed yearly through the TCS front office before volunteering can begin. It is advisable to submit completed applications for processing as soon as possible to avoid delay, as it may take up to three full weeks to fully process paperwork. Trinity Christian School volunteers must complete the **Volunteer Application and Release of Information Form, as well as completing the fingerprinting and background check process through Statutory Fingerprinting.**

Volunteer badges and Signing In/Out (Security):

For the safety and security of the children, all volunteers must sign in and out with the front desk each time they visit campus. A volunteer badge will be issued to volunteers upon signing in and must be worn at all times. Please do not be offended if someone asks to see your volunteer badge. It is for the best interest of your children. These are to be returned to the receptionist at the front desk upon signing out.

Dress Code

Please dress to reflect a conservative image which contributes to an optimal learning environment.

Etiquette:

- **Cell Phones**

Please keep cell phones on vibrate/silent mode. If you must answer the phone, step outside to take the call, in order to not disrupt or disturb the students and classroom environment.

- **Classroom Communication**

Each staff member will discuss specific volunteer routines that are applicable to their area. This will help you to know what to do without having to disrupt the staff member from their primary task. Be willing to work outside the classroom if necessary due to space or schedule restraints.

Conferences with the teacher regarding your child's progress/behavior need to be scheduled at another time. Do not conference with the teacher about your student while volunteering on campus.

- **Volunteer Conduct**

As an example to our students, please be sure to conduct your conversations in a worthy manner. Ephesians 4:29 and 32 – “Do not let an unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen... Be kind and compassionate to one another, forgiving each other, just as Christ God forgave you.”

Student Privacy:

Volunteers are not permitted to grade tests or put grades in physical or digital grade books. Sharing a student's performance and behavior with other parents and/or children is unacceptable.

Thank you for your cooperation. Please feel free to contact the front office with any questions or concerns at (561) 253-3950.

TRINITY CHRISTIAN SCHOOL OF PALM BEACH GARDENS

VOLUNTEER APPLICATION

Please provide the following information. **Each applicant must fill out an individual volunteer application and return it with a valid driver's license and a current insurance card.** Please return these to Trinity Christian School's front office. Incomplete applications cannot be processed.

Please Print

1. Name: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

Names/Grades of children presently attending TCS:

Complete sections 2 and 3 if you will be transporting students.

2. Driver Information

Name on License: _____

Date of Birth: _____

Complete Address: (street address, city & zip)

Vehicle Information (used to carry students)

Name of Owner: _____

Owner Address: (street address, city & zip)

Year & Make: _____

Model: _____

If more than one vehicle may be used, please provide requested information for each vehicle.

3. Insurance Information

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy Number: _____

Expiration Date: _____

Liability Limits of Policy: _____

Please note: the minimum acceptable limit for privately owned vehicles is \$100,000/\$300,000.

4. Have you ever been convicted and/or arrested for any criminal offense other than a minor traffic violation?

Yes _____ No _____ If yes, please explain _____

I have read the Volunteer Guidelines and agree to uphold our position on morals, dress, and Christian conduct. _____ Initials

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students.

Applicant's Signature: _____ Date: _____

TRINITY CHRISTIAN SCHOOL OF PALM BEACH GARDENS

RELEASE OF INFORMATION

I, _____ a volunteer applicant to Trinity Christian School of Palm Beach Gardens hereby give the Palm Beach County Sheriff's Office and any other law enforcement agency permission to search their files and release any arrest information found to:

Trinity Christian School of Palm Beach Gardens
9625 N. Military Trail
Palm Beach Gardens, FL 33410
(561) 253-3950
ORI# for Volunteers: V50040146Z / FL921831Z

Applicant's Signature

Date

Please print clearly.

Full Name: _____
First Middle (Maiden) Last

Social Security #

Race: _____ Gender: _____ Date of Birth: _____

Current Address: _____

Please return this completed form to Trinity Christian School's front office. Thank you again for your time and service.



VOLUNTEER ACKNOWLEDGMENT

I attest my name is _____ and
(print volunteer/foster grandparent name)

serve in the child care program known as _____
(print name of child care program)

I serve as a (check one)

- ☐ Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.302(3), Florida Statutes, and complete the state mandated training requirements.
- ☐ Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(I), rule 65C-22.008(4), or rule 65C-20.009(1)(a) Florida Administrative Code.

I attest that I have read and that I understand the foregoing.

Volunteer/Foster Grandparent Signature

Date

To Be Completed by the Owner/Operator/Director

I attest my name is _____, and I
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above. The above
(circle one)

individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read and that I understand the foregoing.

Owner /Operator /Director Signature

Date



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____, who, being duly
(Applicant's/Employee's Name)
sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant for certification with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section: 39.205	failure to report child abuse, abandonment, or neglect
Section: 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section: 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section: 414.39	fraud, if the offense was a felony
Section: 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section: 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section: 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section: 782.04	murder
Section: 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section: 782.071	vehicular homicide
Section: 782.09	killing an unborn child by injury to the mother
Chapter: 784	assault, battery, and culpable negligence, if the offense was a felony
Section: 784.011	assault, if the victim of the offense was a minor
Section: 784.021	aggravated assault
Section: 784.03	battery, if the victim of the offense was a minor
Section: 784.045	aggravated battery
Section: 784.075	battery on staff or a detention or commitment facility or on a juvenile probation officer
Section: 787.01	kidnapping
Section: 787.02	false imprisonment
Section: 787.025	luring or enticing a child
Section: 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section: 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section: 787.06	human trafficking
Section: 787.07	human smuggling
Section: 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section: 790.115(2) (b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section: 794.011	sexual battery
Former Section: 794.041	prohibited acts of persons in familial or custodial authority
Section: 794.05	unlawful sexual activity with certain minors
Section: 794.08	relating to female genital mutilation
Chapter: 796	prostitution
Section: 798.02	lewd and lascivious behavior
Chapter: 800	lewdness and indecent exposure
Section: 806.01	arson

CONTINUED ON NEXT PAGE

Section: 810.02	burglary
Section: 810.14	voyeurism, if the offense is a felony
Section: 810.145	video voyeurism, if the offense is a felony
Chapter 812	relating to theft, robbery, and related crimes, if the offense was a felony
Section: 817.563	fraudulent sale of controlled substances, only if the offense was a felony
Section: 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section: 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section: 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section: 826.04	incest
Section: 827.03	child abuse, aggravated child abuse, or neglect of a child
Section: 827.04	contributing to the delinquency or dependency of a child
Former Section: 827.05	negligent treatment of children
Section: 827.071	sexual performance by a child
Section: 831.311	unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances
Section: 836.10	written or electronic threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism
Section: 843.01	resisting arrest with violence
Section: 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section: 843.12	aiding in an escape
Section: 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter: 847	obscene literature
Section: 859.01	poisoning food or water
Section: 873.01	prohibition on the purchase or sale of human organs and tissues
Section: 874.05	encouraging or recruiting another to join a criminal gang
Chapter: 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section: 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section: 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section: 944.40	escape
Section: 944.46	harboring, concealing, or aiding an escaped prisoner
Section: 944.47	introduction of contraband into a correctional facility
Section: 985.701	sexual misconduct in juvenile justice programs
Section: 985.711	contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR POSITIONS REQUIRED TO BE SCREENED UNDER SECTION 408.809, FLORIDA STATUTES:

In addition to the Chapter 435, F.S. listed offenses the following offenses are also applicable for any licensure or employment required in the applicable statutes.

	<u>Relating to:</u>
Chapter: 408	felony offenses contained in Chapter 408
Section: 409.920	Medicaid provider fraud
Section: 409.9201	Medicaid fraud
Section: 741.28	domestic violence
Section: 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section: 784.03	battery, if the victim is a vulnerable adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429
Section: 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section: 817.234	false and fraudulent insurance claims
Section: 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section: 817.50	fraudulently obtaining goods or services from a health care provider
Section: 817.505	patient brokering
Section: 817.568	criminal use of personal identification information
Section: 817.60	obtaining a credit card through fraudulent means
Section: 817.61	fraudulent use of credit cards, if the offense was a felony
Section: 831.01	forgery
Section: 831.02	uttering forged instruments
Section: 831.07	forging bank bills, checks, drafts or promissory notes
Section: 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section: 831.30	fraud in obtaining medicinal drugs
Section: 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section: 895.03	racketeering and collection of unlawful debts
Section: 896.101	the Florida Money Laundering Act

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I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

SIGNATURE OF AFFIANT: _____

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged.

SIGNATURE OF AFFIANT: _____

I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

SIGNATURE OF AFFIANT: _____

CONTINUED ON NEXT PAGE

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

☐ Affiant personally known to notary

OR

☐ Affiant produced identification

Type of identification produced: _____



Rules and Regulations Governing Child Care Facilities & Family Day Care Facilities in Palm Beach County, Florida,
Adopted Pursuant to Chapter 59-1698, Special Acts, Laws of Florida as Amended by Chapter 2010-249

RELEASE OF INFORMATION

I, _____ Child Care applicant, hereby give the Palm Beach County Sheriff's Office and any other law enforcement agency permission to search their files and release any information found to the Child Care Facility listed below. I realize this search is a routine matter for all applicants, pursuant to the Rules and Regulations Governing Child care in Palm Beach County, Chapter 435, F.S. and Chapter 402, F.S.

Full Name of Child Care Facility _____

Facility Address _____

Facility OCA # _____

Phone # _____

Signature of Applicant

Date

TYPE OR WRITE LEGIBLY BOTTOM SECTION OF THIS FORM

Full Name _____
First Middle (maiden) Last

Other names applicant has used (include maiden names and nicknames)

Race _____ Sex _____ Date of Birth _____

*Social Security No. _____ Date of Hire _____

Current Address _____

Please return this form to: _____ (facility name)

_____ (facility address)

*Chapter 435, F.S., requires background screening of owners, operators, and directors. Social security numbers are also used for identification purposes when performing background screening required by 402.305, F.S."

EHE-DC-005
Revised 2/2013
Obsoletes all previous versions

Dear Trinity Christian School Parent Volunteer,

To answer your anticipated questions:

1. We are located at the southwest corner of Military Trail and Northlake Boulevard in Palm Beach Gardens at 8895 N. Military Trail, Suite 301D. We've been doing background checks for 24 years and our **Livescan website page** can be found at www.atlanticprints.com.

2. The price is dependent upon the State of Florida's originating (regulating) agency and the agency's background check requirements for you and your organization. The current charge for preschool volunteers is **\$76.00**. For the elementary/middle school volunteers, the submission charge is **\$59.00**. **If you have children in both preschool and elementary/middle school, please select the preschool packet and that will cover everything.**

3. We accept one-time credit or debit card payments at the time of Livescan fingerprinting. You may pay by check if you prefer, but please note that we will hold the submission form until the payment transaction has been electronically approved or the check has cleared; which could delay the return of your results.

4. Please find attached our simple and easy-to-complete, one-page **applicant entries submission form**. If you have a magnetic "swipe stripe" on the back of your Florida Driver's License, you can skip filling in the middle section of the form.

When you come for your appointment, please bring:

-completed one-page applicant entries submission form

-TWO forms of I.D. (one a government issued I.D. such as a driver's license, and another form of I.D. such as a credit card)

5. To prepare for your best possible quality Livescan fingerprinting, please apply a **moisturizing hand lotion** to your fingertips a couple of times the day prior to and then once the morning of your appointment.

If you have further questions, please feel free to call or email.

Rosalia Ore

Livescan Coordinator

c/o Atlantic Personnel & Tenant Screening

8895 N. Military Trail, Suite 301D

Palm Beach Gardens, FL 33410

561-776-1804

rore@atlanticscreening.com

www.atlanticprints.com

Applicant Entries for Livescan Submission

Justification and Organization Information:

Reason for the Level 2 "Livescan" Background Check:	
Type of Background Check: (Check the most correct box)	☐ State License ☐ Employment ☐ Volunteer ☐ Other
Organization Name & City: (Not required for individual license)	Trinity Christian School of Palm Beach Gardens
Organization Contact Person: (Name, Phone #, and E-mail)	Minerva Hillberg, (561) 253-3950, mhillberg@tcsbg.org

Routing Information: (Must be verified by applicant or organization!)

Agency (AHCA, DBPR, DCF, DOEA, DOH, HSMV, OFR, etc.) DOEPRIV	ORI or VECHS # (EDOH4600Z, FL920010Z, etc.) VDOEPRIV3	OCA # (DCF only) (0950xxxxZ, etc.) 	Screening I.D. # (Clearinghouse Submissions)
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Names & Aliases / Contact Information:

Phone #:	E-Mail:
Name on D/L or Gov't Issued I.D.:	
Full Legal Name, if different:	
Maiden Name, if different:	
Other Aliases from Official Gov't Docs: (Birth certificate, passport, social security card, green card, driver's licenses, marriage licenses)	

Demographics Information:

Date of Birth: (Month / Day / Year) 	Gender: (Check 1 box) ☐ Female ☐ Male ☐ Unknown	Race / Ethnicity: (Check 1 box) ☐ American Indian, Eskimo, or Alaskan native or person with U.S. origins or with tribal affiliation ☐ Black, or a person having origins in any of the black racial groups of Africa ☐ Caucasian, Mexican, Puerto Rican, Cuban, Central or S. America, or of Hispanic culture or origin ☐ Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian, Samoan, or Pac. Islander ☐ Unknown or of indeterminable race
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Height: (in Feet and Inches) 	Weight: (in Pounds) 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Eye Color: (Circle 1 color only)</td> <td> Black Blue Brown Gray Green Hazel Maroon Multi-colored Pink Unknown </td> </tr> <tr> <td>Hair Color: (Circle 1 color only)</td> <td> Bald Black Blond or Strawberry Blue Brown Gray or Partly Gray Green Orange Pink Purple Red or Auburn Sandy Unknown White </td> </tr> </table>	Eye Color: (Circle 1 color only)	Black Blue Brown Gray Green Hazel Maroon Multi-colored Pink Unknown	Hair Color: (Circle 1 color only)	Bald Black Blond or Strawberry Blue Brown Gray or Partly Gray Green Orange Pink Purple Red or Auburn Sandy Unknown White
Eye Color: (Circle 1 color only)	Black Blue Brown Gray Green Hazel Maroon Multi-colored Pink Unknown					
Hair Color: (Circle 1 color only)	Bald Black Blond or Strawberry Blue Brown Gray or Partly Gray Green Orange Pink Purple Red or Auburn Sandy Unknown White					

State of Birth: (for U.S.A., Canada, Mexico) State: _____ Country: _____ (for all other countries)	Citizenship: (Choose 1 / Write-in) ☐ U.S.A. ☐ Green Card or Visa** **Country: _____	Current Address: (Where you live now) # and Street Apt # City, State, Zip Code	Social Security Number: 	TCR #: (if applicable, for FBI Rejections)
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*****IF THIS IS A REPRINT**, PLEASE BRING A COPY OF YOUR F.B.I. "FINGERPRINT REJECTION" LETTER.***
 PLEASE DON'T FORGET TO **BRING YOUR GOVERNMENT ISSUED PHOTO I.D. AND A DEBIT OR CREDIT CARD**