



## **Certified Adult Volunteer California Requirements**

### ***New Certified Adult Volunteer Applicants***

For any new adult wishing to become a Certified Adult Volunteer, the following items must be completed and sent to the Supreme Office at the time of your application. The office will not be able to process your application if any item is missing.

- ∇ CAV Training class (register at <https://jobsdaughtersint.corsizio.com/>)
- ∇ CA Mandated Reporter training – two-hour class (send copy of certificate to the Supreme Office at [office@jdint.org](mailto:office@jdint.org))
  - You can find the class here: <https://mandatedreporterca.com/training/volunteers>
- ∇ CA Live Scan Fingerprinting (must complete on your own)
- ∇ Certified Adult Volunteer Application (completed at [cav.jdint.org](http://cav.jdint.org))
- ∇ \$50 Application fee (submitted with online application at [cav.jdint.org](http://cav.jdint.org))
- ∇ Background screening submitted to JDI

### ***Certified Adult Volunteer Renewals***

For any adult wishing to continue to remain a Certified Adult Volunteer, the following items must be completed.

- ∇ CA Mandated Reporter training – two-hour class (certificate submitted to Supreme Office)
  - You can find the class here: <https://mandatedreporterca.com/training/volunteers>
- ∇ CA Live Scan Fingerprinting (must complete on your own)
- ∇ Certified Adult Renewal Volunteer Application
- ∇ \$22 Renewal fee (submitted with online renewal at [cav.jdint.org](http://cav.jdint.org)).

Questions about these requirements for JDI should be directed to the Supreme Office ([office@jdint.org](mailto:office@jdint.org)).

## *Request for Live Scan Service Instructions*

To complete the Request for Live Scan service form, please read the following instructions:

**Form BCIA 8016 "Request for Live Scan Service"** is the standard form for authorized applicant agencies requesting live scan service. Below you will find an example of the form filled out for a JDI Certified Adult Volunteer.

A few things to note for the form:

### *Applicant Submission:*

- ∇ At the top of the form, you will need to enter JDI's Originating Agency Identifier (ORI) which is **AT903**. The ORI is the number assigned to JDI by the CA DOJ. **This must be on the form in order for JDI to receive the results of the live scan.**
- ∇ The Applicant type is **Volunteer/11105.3 PC 97077**
- ∇ Type of License/Certification/Permit is **Volunteer** – this is the reason for the fingerprinting.

### *Contributing Agency Information:*

- ∇ This section is for JDI's information. Please use the address for the Supreme Office:  
**233 W 6<sup>th</sup> Street**  
**Papillion, NE 68046**  
**Phone: 402-592-7987**
- ∇ JDI's mail code is **27572**. Like the ORI, this code **MUST** be included on the form or the results may not be sent to JDI. Please also be sure to put the correct number of the results may go to the wrong agency.
- ∇ JDI's Custodian of Records is **Katrina Sieler**, Executive Manager. This is the name that **MUST** be on the form. Do not put any other contact name in this spot.

### *Applicant Information:*

- ∇ This section is for your own information. Please be sure this information is accurate.
- ∇ **Billing Number** – please put N/A for this. JDI does not have a billing number issued by the DOJ.
- ∇ **Misc. Number/Your Number** – you can leave these boxes blank
- ∇ **Level of Service** – please select **FBI**

### *Employer:*

- ∇ You can leave this section blank – it does not apply to the live scan for JDI.

For a list of live scan locations please visit <https://oag.ca.gov/fingerprints/locations>.



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

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

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

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

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number

(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

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

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

(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

**GUIDELINES FOR COMPLETING  
REQUEST FOR LIVE SCAN SERVICE FORM (BCIA 8016)**

FIELD	COMMENT
(1) <b>ORI (ORIGINATING AGENCY IDENTIFIER)</b>	This is an unique number assigned by DOJ to identify authorized agencies. Each agency must have an ORI number prior to submitting fingerprints.
(2) <b>AUTHORIZED APPLICANT TYPE</b>	Each authorized agency has specific application type(s) it is permitted to use. The application type determines the dissemination criteria used in preparing the response. Since agencies may have more than one authorized application type, it is important this field be filled out correctly. Example applicant types include State Employee, Volunteer, Employment, License, Permit, etc.
(3) <b>TYPE OF LICENSE/ CERTIFICATION/ PERMIT <u>OR</u> WORKING TITLE</b>	This section may be referred to as Reason Fingerprinted. The agency must include the specific job title, license, certificate, or permit being requested. Example: Petition for Adoption, Emergency Child Placement, Foster Family Home, Volunteer, etc.
(4) <b>CONTRIBUTING AGENCY INFORMATION</b>	Print the name and address of the authorized applicant agency requesting the fingerprint check. Please ensure the mailing address listed matches DOJ's records.
(5) <b>MAIL CODE</b>	This is a unique number assigned by the DOJ for accessing the fingerprint background check responses. An incorrect code may cause the response to be sent to the wrong agency.
(6) <b>CONTACT NAME</b>	Enter the name of the person at the agency who is authorized to receive the fingerprint background check response. This is mandatory for applicants requiring a Child Abuse Central Index (CACI) check.
(7) <b>APPLICANT INFORMATION</b>	Enter the requested information.
(8) <b>BILLING NUMBER</b>	If the agency has requested a billing number from the DOJ, that number should be entered here. If the agency does not have a billing number, the applicant should be prepared to pay all fees associated with the transaction.
(9) <b>HOME ADDRESS</b>	The applicant's home address is mandatory for applicants requiring a CACI check; and where statute requires a notification is sent to the applicant as well as the agency.
(10) <b>YOUR NUMBER/OCA NUMBER</b>	Some agencies assign a unique number to each applicant. This field is provided for the agency's convenience to help match the response to the correct applicant which may be helpful if you have applicants with similar names. <b>THIS SECTION IS OPTIONAL AND MAY BE LEFT BLANK.</b>
(11) <b>LEVEL OF SERVICE</b>	Check the appropriate level(s) of service. Please note that your agency must be authorized by statute to receive the information requested. In addition, the APPLICANT TYPE will dictate the level(s) of service permitted. In those situations where the FBI level of service is permitted, you must check the FBI box or you will not receive a response from the FBI.
(12) <b>ORIGINAL ATI NUMBER</b>	<b>USED FOR RE-SUBMISSIONS ONLY.</b> The ATI is entered on the last line of the Request for Live Scan Service form by the live scan operator when the transaction is completed. If the applicant's fingerprints were previously rejected and are now being re-submitted, the ATI from the ORIGINAL Request for Live Scan Service form must be included or the agency will be charged again for the transaction.
(13) <b>EMPLOYER</b>	This section is required for dual responses permissible by statute and is not applicable to most agencies. Applicable agencies include the Emergency Medical Services Authority or a facility licensed by the Department of Social Services.
(14) <b>ATI NUMBER</b>	The live scan operator will complete this section of the form when the applicant is fingerprinted.