

**Prince Georges County Public School
Fingerprint Office**

All volunteers for the PGCPS BEST Cricket League must be fingerprinted at the

PGCPS Fingerprint Office
14201 School Lane
Room 131
Upper Marlboro, MD 20772

Phone: 301-952-6775

Office Hours: Monday through Friday **8 a.m. to 11:45 a.m. and
12:30 p.m. to 3:45 p.m.**

Costs of this service is **\$61.07**

Acceptable forms of payment for background checks only include cash, Visa, Mastercard and money orders. Personal checks are not accepted.

Any applicant who requires a "duplicate receipt" of the background check must respond to the Fingerprint Office with proper identification and a \$5.00 money order (only).

SAVE TIME - Print out the forms on the next two pages, fill them out and take them with you!

A valid photo identification is required: driver's license or passport.

For the Background Check Form

- 1.) Reason/ Service: Volunteer
- 2.) Organization/ Business: BBGC (Bowie Boys & Girls Club)
- 3.) Contact Person: Kancham Chotoo
- 4.) Contact Number: 410-451-6799



Bowie Boys & Girls Club
2614 Kenhill Drive
Suite 113
Bowie, MD 20715

1 November 2014

Fingerprint Office
Board of Education of Prince George's County Public Schools
14201 School Lane, Room 131
Upper Marlboro, MD 20772

To Whom It May Concern:

The Bowie Boys and Girls Club (BBGC) established a partnership with the PGCPs Office of Business Partnerships and Family & Community Engagement that will directly support the school systems strategic goals. A fingerprint background check is required for this applicant as it is anticipated that the individual will have uncontrolled access to PGCPs students. This individual is a volunteer, who will be helping with Bowie Elementary School Teams (BEST) Cricket League. Upon completion of the fingerprint process, please ask the applicant to bring a copy of their fingerprint receipt me, and I will ensure that a copy goes to

Cheryl Landis
Strategic Business Partnerships Specialist
Office of Business Partnerships and Family & Community Engagement
Sasscer Administration Building, Room 202A1
301-952-6095 (office)

Thank you.
Sincerely,

Kancham Chotoo
BBGC Cricket Commissioner
410-451-6799

Prince Georges County Public Schools- Background Check Form

Date: _____

Print Name (Last, First, Full Middle)

Social Security Number

Citizenship

Other Names Used

Drivers License #

State

Race

M F
Sex (circle one)

Hair Color

Height

Weight

Eye Color

Date of Birth

Place of Birth (state)

Current Address (Street, City, State, Zip Code)

Home Phone Number

1.) Reason/ Service: _____

2.) Organization/ Business: _____

3.) Contact Person: _____

4.) Contact Number: _____

Name of Student: _____ School: _____

Name of Student: _____ School: _____

WARNING: Failure to report criminal convictions, Probation Before Judgment (PBJ) dispositions, or pending charges may result in termination of services with Prince Georges County Public Schools. **INITIAL HERE** _____

Have you ever been identified as responsible for "indicated child abuse/neglect" by any Department of Social Services? YES ___ NO ___ If yes, in what county and state? _____

Have you ever been convicted or, placed on PBJ, found not criminally responsible, stet docket or have pending criminal charges against you without a final disposition for an offense other than minor traffic violations?

Yes _____ No _____ If yes, list information below:

Charge: _____ Date: _____ Location: _____ Outcome: _____

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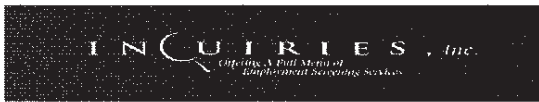
Charge: _____ Date: _____ Location: _____ Outcome: _____

SIGNATURE: _____

Technician Name Reviewing Paperwork: _____

Technician Fingerprinting Applicant: _____

Fingerprint Reference Number: _____



Applicant Release and Authorization

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment or promotion. This report is being provided by Inquiries, Inc.- Post Office Box 67 Easton, MD 21601 – Phone 866-987-3767. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, workers compensation agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, workers compensation claims, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This release also authorizes the client to request a pre-employment and/or random selection drug screen. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this Consumer Report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly and fill out completely.

Name (Last) _____ (First) _____ (Middle) _____

List any maiden/other name used in the last 7 years _____

Date of birth ____/____/____ Social Security Number ____ - ____ - ____

Drivers License # _____ State _____ Sex _____ Race _____

Professional License Held* _____ State _____ Lic.# _____

(*only if requesting a professional license verification)

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

Your Signature _____ Today's Date ____/____/____

Minnesota, California, and Oklahoma applicants only. If you want a copy of the reports ordered, check this box . The report(s) will be sent by the reporting agency to you at the address below.

*****APPLICANT – DO NOT WRITE BELOW THIS LINE*****

FAX TO: (410) 819-3670

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: _____ Branch _____

____ Please start our standard background check (ignore boxes below)

Or select from the following:

___ County Criminal History ___ Statewide Criminal History ___ Civil History ___ Social Security Verification

___ Education/Degree Verification ___ Driving Record ___ National Wants & Warrants ___ Fingerprint Services

___ Previous Employer Verification ___ Federal District Criminal Search ___ OFAC List Check ___ HHS/OIG/EPLS Scan

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Inquiries, Inc. and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Inquiries, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Inquiries, Inc. its sources, officers, agents or employees. Furthermore you agree to indemnify Inquiries, Inc. its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, and / or workers compensation claim history.