

# National-level criminal background checks

---

A national-level criminal level background check is required for all new SHIBA volunteers and in-kind staff with SHIBA sponsor organizations.

This process complies with:

- RCW 43.43.830 through 43.43.845, Child/Adult Abuse Information Act
- Volunteer Risk Program Management (VRPM) Policy 3.38

Definition of a national-level criminal background check for this process:

- Social security number validation
- National Criminal History Database search
- National Sex Offender Search

References:

- Volunteer application packet
- Path to Certification

Exceptions:

In-kind advisors with MIPPA-only organizations are exempt from this requirement because they are quasi-state. In addition, their own federal grant criteria likely requires national-level criminal background checks on personnel.

---

## **Path to Certification (national-level criminal background check)**

The volunteer application packet is accessed from My SHIBA and provided to the prospective volunteer to complete. This is an existing step in the Path to Certification.

The volunteer coordinator (VC) will let the new volunteer know to look for an email to complete the online authorization for a national-level criminal background check after vetting and acceptance. It is important for the VC to also

National-level criminal background checks

note to the prospective volunteer that only electronic submittal of the authorization is available.

The VC submits completed volunteer application packet to the SHIBA Secretary Senior via USPS, email, or fax.

The SHIBA Secretary Senior will initiate an email to the new volunteer (or new in-kind staff) with a link to access and complete the online authorization to conduct a national-level criminal background check. The SHIBA Secretary Senior will process the volunteer application upon notification of satisfactory results and notify the VC and RTC when done. The turnaround time is expected to be 2 – 3 business days from when the applicant completes and submits the online authorization.

### **Mandatory disqualifiers**

Mandatory disqualifiers follow, but may not be limited to:

- Failure to provide electronic authorization for national-level criminal background check
- Providing false information on an application
- All sex offenses, regardless of amount of time since offense
- All felony violence, regardless of amount of time since offense
- All felony offenses for forgery or grand theft, regardless of amount of time since offense
- All misdemeanor violent offenses within past seven years
- Any other misdemeanor within past five years that could be considered dangerous to vulnerable citizens or is directly related to the functions of the volunteer.

Notification of disqualification:

The SHIBA Program Manager makes the final determination on possible disqualifications. The VC provides verbal and written notification to applicant if they are disqualified.

The background check vendor is the primary contact for applicants with questions regarding disqualifying results. Contact information for the vendor is provided with the online authorization form.

National-level criminal background checks

## Sponsor-provided background checks

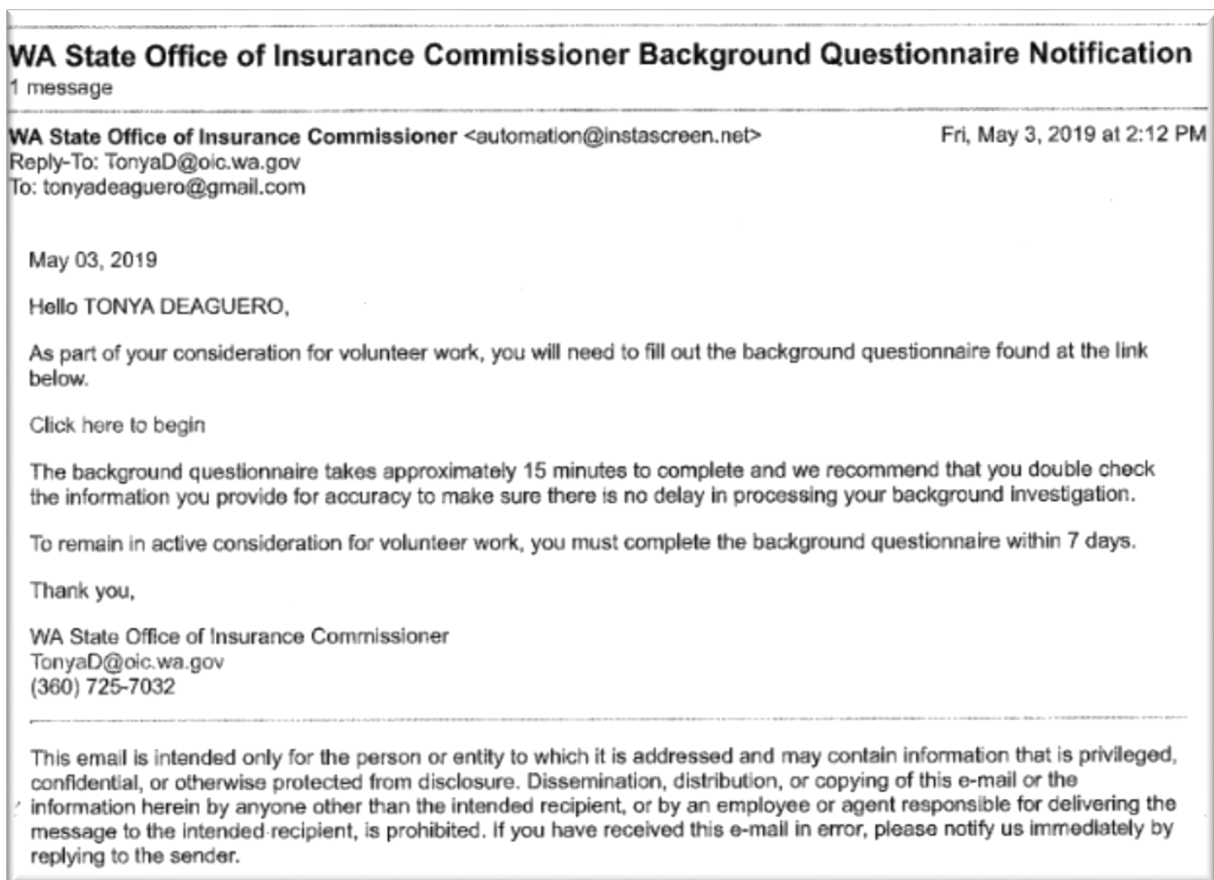
Background checks completed by SHIBA sponsor organizations cannot be accepted at this time.

## Alternate forms of authorization

The authorization to conduct a national-level criminal background check is available online only. VCs may elect to assist volunteer applicants to access their email and complete the online authorization if they cannot do it independently.

## Online authorization email

The volunteer applicant (or in-kind staff) will receive an email invitation to complete the online authorization for a national-level criminal background check. An example follows.



## Online authorization with electronic signature

The volunteer application will be required to electronically sign the authorization to proceed with the rest of the online form.

### Introduction

You have been requested to complete a background questionnaire as part of the WA State Office of Insurance Commissioner volunteer selection process. Before you may begin the background questionnaire, you will need to electronically sign a Disclosure and Authorization Form ("Authorization Form"). This Authorization Form will allow our background agency, Alliance 2020, Inc., to verify the information that you provide and conduct a background check on you.

The process of signing the Authorization Form will be conducted electronically to make it easier for you. To ensure that your Authorization Form is not altered after its submission, Alliance 2020, Inc. employs special technology called a message digest algorithm to take a digital "fingerprint" of your application data and Authorization Form. It is virtually infeasible to produce two messages having the same message digest. Once we have your information stored in this manner, the data cannot be altered without also affecting the message digest. Any changes or tampering with your Authorization Form data are thus made apparent to Alliance 2020, Inc.. Please see FIPS 180-4 for a more detailed explanation.

To ensure that a signature is unique, and to safeguard applicants against unauthorized use of their name, your IP address (██████████) has been recorded and will be stored along with your electronic signature. In addition, please note that Alliance 2020, Inc. requires applicants wishing to submit their Authorization Form electronically to include their social security number. This information will be sent over a secure website and will be encrypted.

You will have the opportunity to print the completed Authorization Form upon completion.

Note that if you do not wish to complete the Authorization Form electronically, you may print it out and send it to Alliance 2020, Inc..

#### APPLICANT MUST COMPLETE ONE OF THE FOLLOWING

##### Option #1

- I, (type full name); consent to signing this form electronically. I understand that Alliance 2020, Inc. uses computer technology called message digest algorithm to ensure that my Authorization Form is not altered after its submission. I agree to allow Alliance 2020, Inc. to monitor my electronic Authorization Form in this way.

##### Option #2

- I, ██████████ (type full name), do not wish to electronically sign this form. Rather, I prefer to print it out, sign it by hand, and return it by mail or in person to WA State Office of Insurance Commissioner. I understand this may delay my application with WA State Office of Insurance Commissioner.

[Submitted on Fri May 03 14:37:51 MDT 2019 from address ██████████

IP address)

Contact the SHIBA Secretary Senior or SHIBA Administrative Assistant if you have questions.