

**Willow Glen United Methodist Church
Protecting our Children and Youth**

Fingerprinting Information

LiveScan Electronic Fingerprinting

Electronic fingerprinting can be done at the following locations:

- 1. Santa Clara County Sheriff's Office**
55 West Younger Avenue Cost: \$10 for volunteers
San Jose, CA 95110
408-808-4760 Appt: Monday - Friday, 7:30am - 4pm
You must make an appointment by calling (408) 808-4760 or online at
sheriffivescan.sccsheriff.org

- 2. UPS Store** (A block from Hamilton, between Starbucks and Burger King)
1702 Meridian Avenue
(408) 265-5005 Cost: \$25
Call ahead to be sure there is someone available to fingerprint you.

- 3. Postal Annex** (at 4th Street, near San Jose State)
123 E San Carlos St Cost: \$20
(408) 975-0893
Walk-in Mon-Fri (10:30am-6pm), Sat (11am-4pm)

- 4. Postal Annex** (across from Sprouts, near Almaden Expressway)
1177 Branham Lane
(408) 269-7000 Cost: \$20
Call ahead to be sure someone will be available to fingerprint you.

Important Information

You will need a photo ID in order to be fingerprinted.

Complete the attached "Request for Live Scan Service" form and take it with you to the appointment.

Important information for request

ORI:	A2830	Type of Application:	Volunteer
Job Title:	Volunteer	Mailing Code:	00000 (or n/a)
Contact Name:	Susan Grace Smith	Agency Billing #:	145304
Authorized Agency:	Willow Glen UMC 1420 Newport Avenue San Jose, CA 95125 (408) 294-9796		

If you would like to be reimbursed for this expense, please submit receipt to Susan Smith.

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A2830 Type of Application: Volunteer -- Non-Profit Organization
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency:

<u>Willow Glen United Methodist Church</u>		<u>00000</u>
<small>Agency authorized to receive criminal history information</small>		<small>Mail Code (five-digit code assigned by DOJ)</small>
<u>1420 Newport Avenue</u>		<u>Susan Grace Smith</u>
<small>Street No.</small>	<small>Street or PO Box</small>	<small>Contact Name (Mandatory for all school submissions)</small>
<u>San Jose</u>	<u>CA</u>	<u>95125</u>
<small>City</small>	<small>State</small>	<small>Zip Code</small>
		<u>(408) 294-9796</u>
		<small>Contact Telephone No.</small>

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - 145304
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street No. Street or PO Box

Place of Birth: _____
City, State and Zip Code

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

<small>Street No.</small>	<small>Street or PO Box</small>	<small>Mail Code (five digit code assigned by DOJ)</small>
<u> </u>	<u> </u>	<u> </u>
<small>City</small>	<small>State</small>	<small>Zip Code</small>
<u> </u>	<u> </u>	<u> </u>
		<small>Agency Telephone No. (optional)</small>
		<u> </u>

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____