

**Directions for California Department of Justice Live Scan
Available for all California covenanted members
of United Church of Religious Science Youth Volunteers**

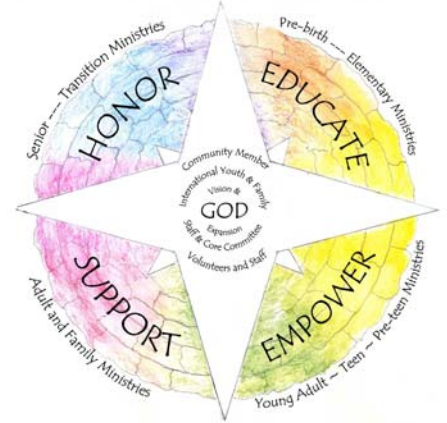
International Youth and Family Ministries
Design Overview

“Live Scan” is a finger-printing service available through the California Department of Justice.

Go to: <http://ag.ca.gov/fingerprints/index.htm>
for more information on Live Scan.

This process is conducted at any official Live Scan site. To find the site closest to you, type the link below into your browser and scroll down to the region where you live. (LA County begins on page 12). Fees for each location are listed in this directory.

<http://ag.ca.gov/fingerprints/publications/contact.pdf>



Fill out the attached form and bring 3 copies with you. Even if you have a Live Scan for another agency, school or organization, you must get one for UCRS.

FORM INSTRUCTIONS (see attached form):

ORI – **Z0001** Type of Application: **Volunteer**
Job Title: **Name of Church, Location**

Agency Address:

**United Church of Religious Science
2600 W. Magnolia Blvd
Burbank, CA 91505
Mail Code: 03093
Contact: Rev Mary Kay Ducey
Phone: (818) 526-7757**

Name and information on Applicant: **Please Print and fill out thoroughly**
SOC = **Fill in your Social Security Number**
Misc. No. BIL – **(do not fill in)** and Misc. No – **(do not fill in)**

Your Number: **Church Name, City** Level of Service: **DOJ**

You may select *FBI* if you want a more comprehensive search – cost will vary. Ask at Live Scan site.

Employer Section: **(do not fill in this section)**

Live Scan Transaction Completed By: **(to be filled out a DOJ operator)**

Make 3 copies of the form (unless it is already a triplicate form). Bring original, and 2 copies to Live Scan site. They will sign all 3 copies and return 2 to you. One you keep, one you return to the youth director at your church.

Results are confidential and will go to IFYM through the Dept of Justice website. Identified issues will be confidentially reported to the senior minister of your church.

For more information on DOJ Live Scan: <http://caag.state.ca.us/fingerprints/>

PRINT
Clearly

- SAMPLE - Make 3 originals -

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: 70001 Type of Application: Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Fill in (Name of Church, Location)

Agency Address Set Contributing Agency:

United Church of Religious Science

03093

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

2600 W. Magnolia Blvd.

Rev. Mary Kay Ducey

Street No Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Burbank CA 91505

(818) 526-7757

City State Zip Code

Contact Telephone No

Name of Applicant: Lastname Firstname
(please print) Last First MI

Alias: (any other names used)
Last First

Driver's License No. (state - number)

Date of Birth: DOB/year Sex: Male Female

Misc. No. BIL - _____
Agency Billing Number (if applicable)

Height: _____ Weight: _____

Misc. No: _____

Eye Color _____ Hair Color: _____

Home Address: _____
Street or P.O. Box

Place of Birth: _____

City, State and Zip Code

SOC: _____

Your Number: Churchname, city
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____ (do not fill in)

Comprehensive

Employer: (Additional response for agencies specified by statute)

(Do not fill in this section)

Search

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency ATI No Amount Collected/Billed

Don't fill in

Fill in

Select FBI if want more comprehensive

filled out by DOJ operator

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ

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

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

City State Zip Code

Contact Telephone No.

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

Alias: _____
Last First

Driver's License No. _____

Date of Birth: _____ Sex: Male Female

Misc. No. BIL - _____
Agency Billing Number (if applicable)

Height: _____ Weight: _____

Misc. No: _____

Eye Color: _____ Hair Color: _____

Home Address: _____
Street or P.O. Box

Place of Birth: _____

City, State and Zip Code

SOC: _____

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

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed