Guidelines for Background Clearance of Volunteers

/s/
Approved: Linda T. McGrew
Assistant Director, Reentry Services Division

1. PURPOSE AND SCOPE

This Operations Memorandum (OM) provides guidance and clarifies procedures for obtaining background clearance of volunteers. This OM rescinds the memo entitled “Revised Guidance Regarding National Crime Information Center (NCIC) Checks for Contractors and Volunteers.” The remaining guidance in this OM does not apply to contractor or employee background clearances.

2. REQUIREMENTS

All staff must utilize both the Dual Query of Wanted Person File (QWI) and Criminal History Identity Query (IQ) queries when conducting NCIC checks on volunteers.

The memo dated March 16, 2010, from the Assistant Directors of the Correctional Programs and Administration Divisions, entitled “Revised Guidance Regarding NCIC Checks for Contractors and Volunteers” is rescinded.

For Program Review purposes, if both the IQ and QWI queries were not conducted prior to the effective date of this OM, a notation will be made in the general comments section of the program review team’s findings. If Program Review finds that both queries were not conducted after the effective date of this OM, an institution will be subject to a deficiency.
CJIS Name Check submissions will be the accepted form of fingerprint clearance for any volunteer who has received two sets of rejected fingerprints through the Civil Applicant System (CAS).

The Criminal Justice Information System (CJIS) Name Check procedures will be posted on the National Reentry Affairs Branch Sallyport page.

Volunteers will not be issued badges unless all background clearance procedures are completed and approved.

Volunteers who are not badged may provide services as Level I volunteers (i.e., persons who enter the facility four times or less a year) in accordance with Level I requirements.

3. SUBMISSION OF CJIS NAME CHECK

Reentry Affairs Coordinators (RACs) will utilize the following procedures when completing and submitting a CJIS Name Check Request Form.

The CJIS Name Check Request Form is included as an attachment to this OM.

- A Name Check will be requested after fingerprints have been rejected twice through the Civil Applicant System (CAS) for image quality determined by the FBI’s Criminal Justice Information Services (CJIS) Division.
- The RAC will complete the CJIS Name Check Request Form, then submit using the mailing address, fax, or email address listed below. If the request is submitted through email, a scanned copy of the Name Check Request Form will be included as an attachment.

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>FAX</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBI CJIS Division</td>
<td>304-625-5102</td>
<td><a href="mailto:namecheck@leo.gov">namecheck@leo.gov</a></td>
</tr>
<tr>
<td>Attn: Name Check Division</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1000 Custer Hollow Road</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarksburg, WV 26306</td>
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</tr>
</tbody>
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- Ensure the Originating Agency Identifier (ORI), DC001047C, is included on the request form.
- Point of Contact (POC) information utilized on the form will be the RACs contact information.
- The preferred method of receipt for the Name Check Results, either fax or mail, must be indicated on the request form. A response from CJIS, Name Check Division, will be sent to the RAC based on the preference checked on the request form.
- Include the Transaction Control Numbers (TCN) from both sets of rejected fingerprints from the CAS. Both sets of rejections must have occurred within the last 365 days, with the last rejection occurring within the last 90 days of submission of the Name Check. A request will be rejected if the TCNs do not comply with the 365/90-day requirements.
Complete the name, alias, date of birth, place of birth, social security number, sex, race, height, weight, eye color, and hair color for the Subject on the Name Check Request Form. N/A will be written on the line for OCA.

4. RESPONSE OF CJIS NAME CHECK

Once a Name Check has been submitted, a response of approving or disapproving the Name Check of an individual will be received.

- A response of “No Record Based on Descriptive Data” is the acceptable response for Name Check clearance.
- A response of “Illegible Submit New Fingerprints” indicates the submission was rejected by the fingerprint analysis.
- A new fingerprint check will be submitted to CAS if a response of “Illegible Submit New Fingerprints” is received from CJIS.
- If the new fingerprints are rejected by CAS, a new Name Check request will be submitted to CJIS within 90 days. Both sets of rejected fingerprints used for the new submission should be within the last 365 days.
- If an existing criminal record for the individual is generated during the name check, the FBI will provide a copy of the criminal history to the agency.
- If the individual cannot obtain clearance through these attempts, he/she may only be processed as a Level I volunteer with the Warden’s approval.
- Questions or concerns regarding a Name Check Request, should be directed to the Biometric Services Section, Name Check Group at 304-625-9450, Monday – Friday, 6:00 a.m. – 4:00 p.m., Eastern Standard Time or email namecheck@leo.gov.

5. REQUIREMENTS EFFECTIVE

These requirements are effective July 31, 2014.
CJIS Name Check Request

Please complete the form to request a name check. Please be advised that an individual's fingerprints must be rejected twice for technical (image quality) issues prior to requesting a name check.

ORI of State/Federal/Regulatory Agency: ___DC001047C____________________

Your agency's Point of Contact (POC) for the response: ______________________

Phone number of POC: ______________________

Fax number of POC: ______________________

Name and Address of requesting agency:

Please fax ___ or mail ___ my response to this request.

Subject of Name Check

Transaction Control Number (TCN) of subject's fingerprint submission:

1. ______________________________
2. ______________________________

Name: ______________________________

Alias: ______________________________

Date of Birth: _________________________

Place of Birth: _________________________

Social Security Number: ________________

Sex: ______________ Race: ______________

Height: ______________ Weight: ___________

Eyes: ______________ Hair: _____________

OCA: _____N/A_________