



Volunteer Checklist

Step 1- Read through Assembly Bill 506 (AB506)*

Step 2- Fill out Mandated Reporter Acknowledgement form

Step 3- Take Livescan form to:

The UPS Store

4605 Buena Vista Rd. Ste. 600 93311 (ONLY)

You will need

-Driver's License or ID

-Social Security number

Walk-In hours 9 a.m. to 5 p.m.

Step 4- Return forms to church office (M-F, 8-5):

-Mandated Reporter Acknowledgement form

-Livescan form

Step 5- Read emails received from**:

-Danielle Swartz

dswartz@sjlchurch.org

-Church HR Network

support@churchhrnetwork.com

** Please check your spam folder for emails and add both to your safe list.

Step 6- Complete mandated reporter training sent to you by

Church HR Network

(approximately 60 minutes to complete)

*Printed forms are available at the church office, if needed.



Assembly Bill 506

To our incredible volunteers,

Thank you so much for offering your time and talents to our ministry! Your contributions are essential to the success of our goal to spread The Word.

As of January 2022, the State of California passed Assembly Bill 506, which modified Business and Professions Code §18975. This bill prioritizes the protection of minors and prevention of threats to their safety. It includes three requirements:

1. All employees, all elder board members, and any volunteers who work with or supervise minors must complete a fingerprint-based background check via Live Scan.
2. All employees, elder board members, and volunteers who work with or supervise minors must complete training on the identification and reporting procedures for child abuse and neglect.
3. Our ministry must have written policies in place that adhere to AB506 requirements, including the fact that suspected abuse or neglect must now be reported to proper authorities outside the organization in addition to reporting it to the proper person(s) in our ministry.

While this is a requirement, we are happy to comply with this bill to do all that we can to protect our kids. We have partnered with ChurchHRNetwork (CHRN) to offer the necessary training online. You can expect to see a welcome email in your inbox inviting you to enter the CHRN website and complete the training. Employees will be assigned Mandated Reporter Training, which will take about 90 minutes. Volunteers will be assigned Child Abuse Recognition and Reporting Training for Volunteers, which takes about 60 minutes. Note that your progress is saved as you go along in case you can't finish it all at one time.

We are so thankful to have you with us and happy to see our ministry take steps to prioritize safety and security. Please reach out with any questions as we work to comply with AB506.

Thank you,
Mike Kinsey
Director of Finance & HR



Mandated Reporter Acknowledgement Form

Acknowledgment

I understand that I am a Mandated Reporter and as such, must report to the authorities any suspected Child Abuse or Neglect.

As a (Check One):

Spiritual advisor,

Pastor, Clergy or Religious Practitioner

Spiritual mentor

HR Professional

Employee who has direct supervision over Children

Volunteer

All employees and volunteers of St. John's Lutheran are mandated reporters as a matter of policy.

I am mandated by the Child Abuse and Neglect Reporting Act (CANRA) to report suspected child abuse. This means that if I develop a reasonable suspicion that Child Abuse or Neglect has occurred, I am mandated to report it to the proper authorities. Please acknowledge that you understand this.

Email _____ Phone # _____

Signature _____ Date _____

Print Name _____ Date _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A6418

ORI (Code assigned by DOJ)

VOLUNTEER

Authorized Applicant Type

CLASSIFIED

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:

ST. JOHN'S LUTHERAN CHURCH

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

4500 BUENA VISTA RD

Street Address or P.O. Box

MICHAEL KINSEY

Contact Name (mandatory for all school submissions)

BAKERSFIELD

City

CA ☐ State

93311
ZIP Code

6616657815

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number 143253

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.
Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State ☐

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State ☐

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed