



KOOTENAI
CLASSICAL ACADEMY
an American Classical Education

Dear KCA Volunteer!

Thank you so much for offering your time and talent to benefit all of us here at Kootenai Classical Academy – We couldn't do what we do without you. In this packet you will find all the essentials to get started including fingerprint and background check documents, and an insider's guide to the teacher, staff and volunteer dress code from our employee handbook.

Fingerprinting Information

Fingerprinting services are by appointment only and happen at two locations near Post Falls.

CDA Police Department. Call to make an appointment at 208-769-2320. Appointments can be made on Tuesdays and Thursdays between 9am – 3pm, and the fee is \$10.

Kootenai County Sheriff's Office. You must download the QLESS app to schedule an appointment at this location. Appointments can be made on Fridays between 8am – 3:30pm, and the fee is \$5.

Fingerprinting is done via ink cards in Idaho, and the nearest Livescan location is in Spokane, WA (this is an alternate way to complete the background check).

The fingerprint form will need to be completed prior to volunteering, and you can take a picture of the fingerprint card verification form to bring to the school before you mail the documents back to the state department of education with your check. The photo of the verification form is all you'll need to get started!

Volunteer Dress Code

Since we require our students to adhere to a uniform policy, we ask that all our teachers, staff and volunteers also model appropriate professional dress while on campus. If you would like to order KCA logo'd staff or spirit wear, the link is: www.landsend.com (school code: 900200965) or you could have your own items embroidered at TPI Embroidery in Post Falls.

Adult Titles

We ask all our volunteers to call each other and all adults on campus by their title and last names in front of students. Many of us are friends off campus and believe us, we know how hard this can be to remember. We appreciate you reminding each other of this need as we model appropriate respect for adults in front of our students.

Volunteer Opportunities

There are lots of ways to volunteer! We need help in classrooms, the lunchroom, at recess, and in the office. We're also grateful for parents who have an interest in spirit team (school spirit events), fundraising, booster club (sports), and beautification. Specialized groups include substitute teachers, teacher's aides, school nursing and Dads on Duty. There's something for everyone! Please let us know if you have questions about school policies for volunteers – we're always happy to help.

Again, Thank you so much for supporting our school! We're glad you're here.

Go Kodiaks!

KCA Administration Team



DIRECTIONS FOR COMPLETING FINGERPRINT CARDS

Note: Picture identification is necessary when you go to be fingerprinted. This form is for reference only. Do not complete.

APPLICANT Form Fingerprint Card SDE Rev. 11/13/2019-2024		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK INK		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME FIRST NAME MIDDLE NAME SUFFIX		OR I.D. NO.		DATE OF BIRTH	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES (AKA)		ORI		MOB	
CITIZENSHIP (CITE)		CITY STATE ZIP		CITY STATE ZIP		CITY STATE ZIP	
WEBSITE (OPTIONAL, LEAVE UNCHECKED)		MARRIAGE (DATE)		MARRIAGE (DATE)		MARRIAGE (DATE)	
HOME (OR FAX) ADDRESS		MARRIAGE (DATE)		MARRIAGE (DATE)		MARRIAGE (DATE)	
EDUCATION (SCHOOL)		MARRIAGE (DATE)		MARRIAGE (DATE)		MARRIAGE (DATE)	
© Code 33-130		MARRIAGE (DATE)		MARRIAGE (DATE)		MARRIAGE (DATE)	
For Employment <input type="checkbox"/> Dist <input type="checkbox"/> For Certification <input type="checkbox"/> Volunteer <input type="checkbox"/>		For Certificated Position? Yes <input type="checkbox"/> No <input type="checkbox"/>					

DIRECTIONS: Take the fingerprint card and *Fingerprint Card Verification Form* to a sworn law enforcement officer or other trained personnel (police or sheriff's department, school district office, etc.) for a full set of your fingerprints to be rolled. Only digital prints from an Idaho school district or university, with a scanner tied to the SDE, will be accepted. We will also accept digital prints that have been printed on SDE fingerprint cards and submitted to SDE for processing.

IMPORTANT: Submit fingerprint card with the completed *Fingerprint Card Verification Form* and *Background Investigation Check (BIC) Form*. Fingerprint cards received without the *Fingerprint Card Verification Form* will be rejected and a new packet will be required. Fingerprint cards with item #2 or #15 incorrectly completed or incomplete will be rejected and a new fingerprint packet will be required.

For the following, please type or print in black ink.

1. Full legal Name: List Last name, first name, middle name, and suffix if applicable.
2. Signature: Sign your **legal name**. Fingerprint cards submitted without your signature will be rejected and a new fingerprint packet will be required.
3. Aliases (AKA): Please provide any aliases, including maiden names or other previous names.
4. ORI: **DO NOT ALTER.**
5. Date of Birth: Use numbers only.
6. Residence: List your mailing address including city, state, and ZIP code.
7. Citizenship: List United States (US) or other country abbreviation.

8. Sex: Use only one character (M or F).
9. Race: W for White or Hispanic, B for Black, A for Asian, I for American Indian.
10. Height: Enter as **feet and inches**.
11. Weight: Enter in **pounds**.
12. Eyes: Use three letters. BLU for Blue; BRO for Brown; HAZ for Hazel; GRN for Green; GRY for Gray; BLK for Black.
13. Hair: Use three letters. BLK for Black, BLN for Blond, BRO for Brown, GRY for Gray, RED for Red, WHT for White, XXX for Bald.
14. Place of birth: List State if within U.S., otherwise country.
15. Date and signature of official taking fingerprints; The authorized fingerprinter taking your prints must sign here. Fingerprint packets with a discrepancy between the date and signature on the *Fingerprint Card Verification Form* will be rejected and a new fingerprint packet will be required.
16. OCA: Leave blank.
17. List District or Charter name and address; If for certification only, leave blank.
18. FBI: Leave blank.
19. Armed Forces Number: Leave blank.
20. Social Security Number: Enter your full social security number.
21. Reason Fingerprinted:
 - a. If applying for an Idaho Educator Certificate/Credential, mark box "For Certification."
 - b. If applying to work in an Idaho School District or Charter, mark box "For Employment" and indicate which district or charter by entering the Local Education Agency (LEA) number.
 - c. If applying to work in an Idaho School District or Charter **and** applying for an Idaho Educator Certificate/Credential, mark boxes "For Employment" and "For Certification" and indicate which district or charter by entering the LEA number.
 - d. If volunteering at an Idaho School District or Charter, mark box "Volunteer" and indicate which district or charter by entering the Local Education Agency (LEA) number.
22. MNU: Leave Blank.

If you are applying for certification, do not submit the fingerprint packet before your certification application. Please either send the fingerprint card and fee together with your certification application packet or send after you have submitted your certification application.

When mailing, do not fold the fingerprint card. Return the card with the completed forms and a check or money order (do not send cash) for \$28.25 for certification or employment. The fee for a volunteer background investigation check is \$26.25. Make your check or money order payable to the State Department of Education for the exact amount and mail to:

State Department of Education
Attn: Teacher Certification/Background Records Office
P.O. Box 83720
Boise, ID 83720-0027

FINGERPRINT CARD VERIFICATION FORM

This form must be signed and dated by the authorized fingerprinter at the time of service. Failure to have this form signed will result in the applicant needing to complete another fingerprint card at a cost to the applicant.

Section I – To be completed by the applicant

Applicant's Full Legal Name (Please Print)	Date of Birth

Section II – To be completed by the authorized fingerprinter

Assurances - The person presenting you with this fingerprint card will be using it for a background check as per Idaho Code §33-130 and §33-512. In order to assure proper handling and completion of the fingerprint card, the authorized finger printer must verify the following information.

1. _____ Initials	Verified the applicant filled out the personal information on the fingerprint card: <ul style="list-style-type: none"> <input type="checkbox"/> Legal Name, including aliases <input type="checkbox"/> Complete mailing address <input type="checkbox"/> Social security number <input type="checkbox"/> Citizenship <input type="checkbox"/> Date of birth <input type="checkbox"/> Personal information (sex, race, height, weight, eye & hair color, place of birth)
2. _____ Initials	Verified the ORI information: ID920170Z, Dept of Edu, Boise, ID This information must be clearly identified in the ORI field.
3. _____ Initials	Verified a positive identification of this applicant using at least one form of photo identification, such as a photo driver's license, Division of Motor Vehicles photo identification card, military identification card, etc.
4. _____ Initials	Signed and dated the fingerprint card on the appropriate lines

AUTHORIZED FINGERPRINTER'S SIGNATURE

DATE

Name (Please print or type)

Police Agency/School District/Institution



BACKGROUND INVESTIGATION CHECK (BIC) FORM

This form must be submitted for all BICs completed through the Idaho State Department of Education (SDE).

Section I—Applicant's Full Legal Name (Required/Please Print)	Date of Birth (Required)	EDUID (Optional)
Applicant's Street Address (Required)	Applicant City, State, and Zip	Phone Number (Required)

Section II—Recent BIC/Fingerprinting
Indicate below if you have had a prior BIC completed through the SDE within the last six months.

<input type="checkbox"/> YES , I <u>have</u> completed a prior BIC through the SDE (other than this one) within the last six (6) months. Approximate Date of BIC (MM/YY): _____ BIC Completed For: <input type="checkbox"/> Certification <input type="checkbox"/> Employment Complete the rest of this form and submit to: bicforms@sde.idaho.gov. No other forms or fees are needed.	<input type="checkbox"/> NO , I <u>have not</u> completed a prior BIC through the SDE within the last six (6) months. Submit a completed fingerprint packet: <input type="checkbox"/> Fingerprint Card <input type="checkbox"/> Instructions for Handling Fingerprint Cards Form <input type="checkbox"/> BIC Form (<i>this form</i>) <input type="checkbox"/> Background Investigation Check Fee
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Section III—Reason for BIC/Fingerprinting
Select all that are applicable.

Idaho Educator Certification - If not employed yet, Section IV is not required.

Student Teaching at an Idaho University/College (Section IV must be signed by Idaho College/University):

Boise State University Brigham Young University-Idaho College of Idaho Idaho State University
 Lewis-Clark State College Northwest Nazarene University University of Idaho

For each of the reasons selected below, a corresponding District/Charter signature must be present in Section IV.

Employment with a District or Charter

Substitute Teacher (*Only the District or Charter placing the individual on the substitute teacher list must sign below*)

Contractor (Please specify: _____)

Volunteer with a District or Charter
If you will be volunteering with a District or Charter, please complete Section IV below. Please note that should a volunteer become employed by a District or Charter, a new BIC will be required for the reason of employment, regardless of when the volunteer BIC was completed.

Removal from Substitute Teacher List

Section IV—Employment Verification
List ALL Districts/Charters you will be employed by or volunteering for at the time of form completion. Each District/Charter must sign and date in the appropriate spaces below. Failure to have all Districts/Charters listed below will result in the removal of all previous Districts/Charters.
 Note: For substitute teachers, only the District or Charter placing the individual on the substitute teacher list must sign below.

District/Charter/ Contractor		Printed Name Designee	Signature of Designee	Date
Name	Number			
Kootenai Classical Academy	597	Ed Kartz		7/26/2023

Applicant Signature: _____ **Date:** _____



**Idaho State Police
Bureau of Criminal Identification**

**Criminal History Record Checks
Under the National Child Protection Act of 1993, as amended**

**WAIVER AGREEMENT AND STATEMENT FOR QUALIFIED ENTITIES TO REQUEST STATE AND FBI
CRIMINAL HISTORY CHECKS**

REGARDING:

Applicant's name: _____

Applicant's current address: _____

Applicant's date of birth: _____ Applicant's social security number: _____

I hereby authorize the Idaho State Department of Education to submit a set of my fingerprints to the Idaho State Police, Bureau of Criminal Identification, for the purpose of accessing and reviewing Idaho and national criminal history records that may pertain to me.

Check appropriate box: I have OR have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I understand that, until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the Qualified Entity will provide me a copy of the criminal history background report, if any, they receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report;

I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status as an employee, volunteer, contractor, or subcontractor.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

Signature of Prospective Employee, Volunteer, Contractor, Subcontractor

Ed [Signature]

Date

Witness to Signature

Date