

SCHOOL ADMINISTRATIVE UNIT NO. 17  
OFFICE OF THE SUPERINTENDENT OF SCHOOLS  
51 Church Street, P.O. Box 429, Kingston, NH 03848  
TELEPHONE (603) 642-3688

**VOLUNTEER**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

Email Address \_\_\_\_\_

May we take this opportunity to thank you for volunteering at the Sanborn Regional School District!  
Attached are various forms needed before you begin.

\_\_\_\_\_ Criminal History Records Check - see information  
attached. NOTE: THIS OFFER TO VOLUNTEER IS  
CONDITIONAL UPON RECEIPT OF ACCEPTABLE  
RESULTS FROM CRIMINAL RECORDS CHECKS.

\_\_\_\_\_ School Board Policy Signature Page

\_\_\_\_\_ Confidentiality Requirement

\_\_\_\_\_ Statement of Safety Letter

This is to verify that I have received and completed the above information and reviewed the  
District's policies on the District website – [www.sau17.org](http://www.sau17.org).

NAME (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

***NOTE: Please return this form to the SAU office.***





## Sanborn Regional School District

### Memo from the Office of the Superintendent

**To:** All Staff  
**From:** Dr. Thomas J. Ambrose  
**Re:** School Board Policies

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As part of its duties, the School Board's Policy Committee completes an extensive review and revision of all the District's policies and places these policies on the District's web site for all in the community to access.

While you should be familiar with all the policies, rules and regulations that govern our schools, the Board felt that the listed policies are of particular importance to staff.

*AC - Non-Discrimination/Equal Opportunity*  
*ACAA – Harassment and Sexual Harassment of Students*  
*ACAA-R – Student Discrimination/Harassment and Title IX Sexual Harassment Complaint Procedures*  
*ACAB – Harassment and Sexual Harassment of School Employees*  
*ACE - Non-Discrimination on the Basis of Handicap/Disability*  
*GBEA - Staff Ethics*  
*GBEB - Staff Conduct*  
*GBEBA - Staff Dress Code*  
*GBEC - Drug-Free Workplace/Drug-Free Schools*  
*GBEBB - Employee-Student Relations*  
*GBEF-R - Employee Computer and Internet Use Rules*  
*GBCD – Background Investigation and Criminal Records Check*

In order to be sure that everyone is aware of these important issues, please review the listed policies, rules and regulations that govern our schools by visiting our website at [www.saul7.net](http://www.saul7.net) (School Board/Policy Manual/Policy Manual Index) or by contacting your immediate supervisor.

I have reviewed the school board policies. Please sign where indicated below and return to your building principal. This form will be kept in your personnel file at the SAU Office.

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_  
Please Print

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# SANBORN REGIONAL SCHOOL DISTRICT

51 Church Street ♦ Kingston, NH 03848

Dr. Thomas J. Ambrose, Superintendent

Christine Desrochers, M.S. Ed  
Director of Curriculum & Instruction

Matthew Angell, CPA, JD  
Business Administrator

Dr. Troy Kennett  
Director of Student Services

## **CONFIDENTIALITY REQUIREMENT**

The undersigned employee/volunteer/substitute of the Sanborn Regional School District hereby acknowledges that all personally identifiable student information shall be kept confidential in accordance with the requirement of the Family Educational Privacy Act (FERPA). Specifically, all personally identifiable student information obtained from student records, observations, student work product, or by any other means, shall only be shared with parents of the student in question, other individuals with appropriate written authorization, or with other school officials that have a legitimate education interest in such information. If the undersigned employee/volunteer/substitute has any question as to whether or not such information may be shared in accordance with this requirement, it is incumbent upon the employee/volunteer/substitute to seek the assistance of his/her immediate supervisor. Violation of this Confidentiality Requirement may result in discipline, up to and including termination or disqualification from continued service with the Sanborn Regional School District.

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Signature

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Date

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Print Name

The mission of the Sanborn Regional School District is to work in partnership with the community to educate all learners in a safe environment. Together we are committed to providing these individuals with opportunities to develop the skills necessary to become responsible citizens who are capable of pursuing knowledge independently and making well-informed decisions.

In accordance to Title IX of the Civil Rights Act of 1964 the Sanborn Regional School District prohibits discrimination because of sex or gender, "No person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal assistance."



# SANBORN REGIONAL SCHOOL DISTRICT

SRSD File: IJOC-R

## **VOLUNTEERS CONFIDENTIALITY AGREEMENT**

While performing volunteer services for the Sanborn Regional School District, I understand that I am bound by laws and policies which protect the privacy of student information to which I am given access. I agree to keep this information in the strictest confidence and recognize that the failure to do so may result in my being denied the opportunity to volunteer.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Designee  
(Principal, Superintendent, etc.)

\_\_\_\_\_  
Date

Effective: October 2, 2013





# SANBORN REGIONAL SCHOOL DISTRICT

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## Statement of Safety

The Sanborn Regional School District values the health, welfare, and safety of every employee and intends to provide a safe and healthful workplace. Accidents cause untold suffering and financial loss to our employees and their families.

In pledging its full support of the safety process, the School Board recognizes certain obligations:

1. That prevention of accidents and protection of all resources are guiding principles.
2. That all operational decisions affecting safety must receive the same consideration as those affecting production or quality.
3. That safe working conditions and methods are of prime importance and take precedence over shortcuts and “quick fixes.”
4. That the school district will comply with all safety laws and regulations.
5. That feedback will be welcomed from all employees.
6. That all employees will follow all safety rules, take no unnecessary chances, use all safety guards and equipment, and make safety an integral part of their lives.

As an employee of the school district, you have a responsibility to yourself, your family, your co-workers, and the community to understand and follow our safety process. We must be alert in detecting and taking steps to remedy potentially hazardous conditions. Above all, we must exercise concern for others to help ensure everyone’s safety, well-being, and productivity.

Your efforts will make the difference!

Dr. Thomas J. Ambrose  
Superintendent of Schools

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SANBORN REGIONAL SCHOOL DISTRICT

*Serving the Towns of Kingston and Newton*

*School Administrative Unit #17*

*51 Church Street, P.O. Box 429, Kingston, NH 03848*

*(603)642-3688*

*FAX (603)642-7885*

TO: SANBORN REGIONAL SCHOOL DISTRICT APPLICANT

RE: EMPLOYEE BACKGROUND INVESTIGATION

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**PLEASE NOTE**

**YOU MAY NOT BEGIN YOUR EMPLOYMENT WITH THE SCHOOL DISTRICT UNTIL THE ATTACHED INFORMATION HAS BEEN COMPLETED AND RECEIVED BY THIS OFFICE.**

- **RESPONSE TO YOUR CRIMINAL HISTORY RECORD REQUESTS MAY BE DELAYED** because of illegible information on the request form and fingerprint submission.
- Please be sure that information on both State of NH Form and the Kingston Police Department form is clearly printed and completely filled out.
- The applicant Criminal History Authorization Form and Livescan combo (written check payable to the **State of NH-Criminal Records**) must be submitted at the same to the SAU Office for **\$21.25**
- Please include your **driver's license number** below the address on your check (payable to the State of NH – Criminal Records). The Division of State Police not accept checks without this information.
- Your fingerprints need to be taken at the Kingston Police Department. The Kingston Police Department submits Livescan fingerprinting electronically. Your information (descriptor) and fingerprints will be electronically captured and submitted for processing eliminating illegible fingerprint cards and missing data. The Kingston Police is open from 11:00 - 11:30 a.m. and 3:00 - 3:30 p.m. for fingerprinting.
- **THANK YOU FOR YOUR COOPERATION!**





# State of New Hampshire

DEPARTMENT OF SAFETY  
Robert L. Quinn, Commissioner of Safety

## Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305  
Telephone: 603-223-8813



Colonel Nathan A. Noyes  
Director

### APPLICANT/LICENSING LIVESCAN FINGERPRINTING

\_\_\_\_\_ upon showing valid  
(Name of Applicant/ Licensee) (Applicant's DOB)

identification, was fingerprinted by LiveScan technology at \_\_\_\_\_  
(Location)

on \_\_\_\_\_. The Tracking Number for this transaction is \_\_\_\_\_.  
(Date)

**IMPORTANT:** Applicants are responsible for the submission of the NH Criminal History Record Authorization Request Form, this form, and any applicable fees. *Fingerprint images will only be held for 30 days. Failure to submit this form to your state agency within 30 days will require you to be re-fingerprinted and charged additional fingerprinting fees.*

#### Please select one of the following reasons for fingerprinting.

- |   |  |
|---|--|
| <input type="checkbox"/> ADAM WALSH – EMPLOYEE/VOLUNTEER  | <input type="checkbox"/> EMERGENCY MEDICAL & TRAUMA SERVICES – RSA 153-A:10-a                |
| <input type="checkbox"/> ADOPTIVE PARENT VOLUNTEER – RSA 170-B:18   | <input type="checkbox"/> FOSTER PARENT VOLUNTEER – RSA 170-E:29                              |
| <input type="checkbox"/> ALCOHOL & DRUG COUNSELORS – RSA 330-C:20   | <input type="checkbox"/> HAWKERS/PEDDLERS – RSA 31:102-b                                     |
| <input type="checkbox"/> ALLIED HEALTH PROFESSIONALS – RSA 328-F:18-a                                     | <input type="checkbox"/> IRS PUBLICATION ADMINISTRATION – RSA 21-G:9 VII                     |
| <input type="checkbox"/> APPLICANTS FOR MEDICAL TECHNICIAN – RSA 328-I:7                                  | <input type="checkbox"/> IRS PUBLICATION DEPT OF REVENUE – RSA 21-J:3-a                      |
| <input type="checkbox"/> APPLICANTS TO PRACTICE MEDICINE – RSA 329:11-a                                   | <input type="checkbox"/> MEDICAID PROGRAM  |
| <input type="checkbox"/> ARMED GUARD  | <input type="checkbox"/> MUNICIPALITY – EMPLOYEE/VOLUNTEER – RSA 41:9-b                      |
| <input type="checkbox"/> BOARD OF DENTISTRY – RSA 317-A:8-a   | <input type="checkbox"/> NATUROPATHIC HEALTH CARE – RSA 328-E:9-a                            |
| <input type="checkbox"/> BOARD OF MEDICAL IMAGING AND RADIATION THERAPY – RSA 328-J:7-a                   | <input type="checkbox"/> NH BANKING DEPARTMENT – MULTIPLE RSA'S                              |
| <input type="checkbox"/> BOARD OF MENTAL HEALTH – RSA 330-A:15-a  | <input type="checkbox"/> NH LOTTERY COMMISSION-RSA 287-D:12<br>FACILITY _____ OPERATOR _____ |
| <input type="checkbox"/> BOARD OF NURSING – RSA 326-B:15  | <input type="checkbox"/> NURSING HOME ADMINISTRATOR – RSA 151-A:6a                           |
| <input type="checkbox"/> BOARD OF PSYCHOLOGISTS – RSA 329-B:14-a  | <input type="checkbox"/> PHYSICIAN ASSISTANT – RSA 328-D:3-a                                 |
| <input type="checkbox"/> CCDBG – LICENSED CHILDCARE / CHILDCARE INSTITUTIONS / CHILDCARE EXEMPT           | <input type="checkbox"/> REAL ESTATE APPRAISERS – RSA 310-B:6-a                              |
| <input type="checkbox"/> CJAP – AGENCY _____  | <input type="checkbox"/> SERVE AMERICA ACT – EMPLOYEE/VOLUNTEER                              |
| <input type="checkbox"/> COUNTY EMPLOYEE – RSA 28:10-c  | <input type="checkbox"/> THERAPEUTIC CANNABIS – RSA 126-X:8 IV-a                             |
| <input type="checkbox"/> DEPT. OF SAFETY – RSA 21-P:15-c<br>AGENCY _____                                  | <input type="checkbox"/> OTHER _____   |
| <input type="checkbox"/> DRIVERS EDUCATION – RSA 263:44-b II  |  |
| <input type="checkbox"/> EDUCATION – EMPLOYEE/VOLUNTEER – RSA 189:13-A<br>SAU# _____ TRANSPORTATION _____ |  |

UPDATED 07.2023

### **Privacy Act Statement**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety. As of 03/30/2018

### **Exchange of FBI identification records § 50.12**

(a) The Federal Bureau of Investigation, hereinafter referred to as the FBI, is authorized to expend funds for the exchange of identification records with officials of federally chartered or insured banking institutions to promote or maintain the security of those institutions and, if authorized by state statute and approved by the Director of the FBI, acting on behalf of the Attorney General, with officials of state and local governments for purposes of employment and licensing, pursuant to section 201 of Public Law 92-544, 86 Stat. 1115. Also, pursuant to 15 U.S.C. 78q, 7 U.S.C. 21 (b)(4)(E), and 42 U.S.C. 2169, respectively, such records can be exchanged with certain segments of the securities industry, with registered futures associations, and with nuclear power plants. The records also may be exchanged in other instances as authorized by federal law.

(b) The FBI Director is authorized by 28 CFR 0.85(j) to approve procedures relating to the exchange of identification records. Under this authority, effective September 6, 1990, the FBI Criminal Justice Information Services (CJIS) Division has made all data on identification records available for such purposes. Records obtained under this authority may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities. Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. These officials also must advise the applicants that procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34. Officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. A statement incorporating these use-and-challenge requirements will be placed on all records disseminated under this program. This policy is intended to ensure that all relevant criminal record information is made available to provide for the public safety and, further, to protect the interests of the prospective employee/licensee who may be affected by the information or lack of information in an identification record. [Order No. 2258-99, 64 FR 52229, Sept. 28, 1999]

### **Procedure to obtain change, correction or updating of identification records §16.34**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

[Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order No. 2258-99, 64 FR 52226, Sept. 28, 1999]

**I hereby acknowledge that I have read and understand my rights as set forth above by the Privacy Act Statement, Exchange of FBI Identification Records and Procedure to obtain change, correction or updating of identification records.**

X

***Signature of Applicant***



New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

**CRIMINAL HISTORY RECORD RELEASE FORM**

**SCHOOL EMPLOYEE/VOLUNTEER CRIMINAL HISTORY RECORD CHECK – RSA 189:13-A**

I hereby authorize the New Hampshire Department of Safety, Division of State Police to notify the Superintendent/Chief Executive Officer of an employing school administrative unit, school district, chartered public school, public academy, or non-public school of the presence of any Felony and/or Misdemeanor Criminal History Record Conviction pursuant to RSA 189:13-a.

**CHRI RELEASED TO:**

SANBORN REGIONAL SCHOOL DISTRICT

Name of SAU

MR. THOMAS J. AMBROSE

Superintendent/Chief Executive Officer

P.O. Box 429, 51 Church Street, Kingston, NH 03848

Address

SAU # 17

Employee ☐

Volunteer ☐

Prepaid Account Number \_\_\_\_\_

**CHRI TO BE REQUESTED ON:**

Name: \_\_\_\_\_  
LAST (MAIDEN) FIRST MI

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # (optional): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and/or unsworn falsification.

Releasee's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notary's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Affix seal)

**RECORD CHALLENGE**

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

Fees: ☐ LIVESCAN - \$37.00 -or- ☐ INKED - \$47.00 for Employees and \$20.75 for Volunteers  
NHSP LIVESCAN FEES: \$47.00 for Employees and \$30.75 for Volunteers

☐ Applicant fingerprint card must be submitted at the same time as payment and this form.

☐ Make checks payable to: State of NH – Criminal Records

