# QUICK GUIDE: DCPS VOLUNTEER CLEARANCE PROCESS (updated January 2022)

### 1) Complete DCPS Clearance Application (click here)

After School Program

Application Type: Volunteer Type of volunteer services: Before or afterschool program support Organization: Everybody Wins DC School/Department Name: After School Program

Please complete the District of Columbia Pub ecure application, this is for identification pu	ic Schools (DCPS) Employment/Volunteer Clearance Applicat poses only and not used for any other reason. *=Required	ion provided belo
Please describe your relationship to DCPS. A DCPS Employee (prospective or current) is A contractor/program provider is someone w A volunteer is someone who is offering servic an Athletic Coach is someone who provides of A Student Teacher or Intern is someone who is	omeone who has or will receive an offer of employment for a no is receiving pay for services provided to DCPS, either inde es to DCPS schools or offices with no compensation. baching services to DCPS, either paid or unpaid. providing services through an educational or vocational pro-	DCPS school or of pendently or throu gram.
Volunteer 🗸		
Please select the type of volunteer services yo	u are providing to DCPS*	
Before or afterschool program support 🗸		
Organization (Note: If you do not see your or	anization listed, please select the "other" option)*	
Everybody Wins DC	× •	
School/Department Name*		
After School Program	× •	
olunteer Information		
School Placement Information Please list the DCPS school or schools where hat you are cleared for all DC public schools.	ou are confirmed as a volunteer. You may list up to five schoo However, we must be able to verify that you have a confirmed	ls, with one schoo I placement at the
school 1*		

Community Based Organization: Everybody Wins DC Point of Contact: Jennifer McKenzie Phone: 202-836-4926 Email: jmckenzie@everybodywinsdc.org

School 5
~
If applicable, name of Community Based Organization/Program placing you in a DC public school
Everybody Wins DC
Are you a family member of a current DCPS student?*
~
Point of Contact: Please enter information about either a DC public school or a partner organization so DCPS can confirm your placement.
Name*
Jennifer McKenzie
Phone*
(202) 836-4926 ext.
Email*
jmckenzie@everybodywinsdc.org
Volunteer Statement of Commitment

### Once application is completed click Save on the top right corner to submit



## 2) Complete the Child Protection Register Screening

- Click <u>here</u> to access the First Advantage Profile Advantage portal (also linked in DCPS clearance application)
- Enter your name and email address
- You will receive a link from DCPS via email to begin your background screening process through First Advantage
- Click on the link in your email, and enter your email and a password
- You will then be prompted to enter your **personal information**, such as name, address, and SSN
- Electronically sign the Authorization portion (use your cursor to sign)
- Review your information and click Next
- Once your profile is complete, **you will receive an email** with the subject "URGENT Request for Information – Your DISTRICT OF COLUMBIA PUBLIC SC Background Screening" **containing a link to upload your CPR form**

ADVANTAGE	
Welcome to the DC Public Schools screening process! How it works! Welcome to our Profile Advantage site. From this site, you will provide consent and input the required information to support fulfillment of the background screening services applicable to the position for which you've been offered. You will not be able to edit the information after each section until the review screen before submitting your information, so please complete all the required sections. Once you have completed all of the required information, click the "Submit Profile" button in order for your profile to be submitted.	Please provide your full name as per your identification and legal documents. FIRST NAME LAST NAME EMAIL



CANCER

9



- Click on the link from the request for information email to access the First Advantage Enterprise Advantage portal\*\*
- **Register** by creating a new password, and setting a security question:

First Advantage Enterprise Advantage	2
	Registration Please create a password and security question. You will need to reference your email address and password when
	Email Address New Password
	Ketype New Password •       Security Question •       Answer •

• You will see three tabs at the top of the page **Subject**, **Document Upload**, and **Summary**:



\*\*Do not delete the email containing this link: If there is an error, missing info, or a problem with your CPR form, you will receive an email within 48 hours from First Advantage. You will need to go back to the original link you received via email. Using that link, you will see a list of the errors to correct on your CPR form. You will then be able to resubmit your documentation.

### Tab 1: Subject

- Your personal information has been auto filled from your First Advantage Profile
- At the bottom of this tab, please fill in your Government ID information (you will need a copy of the front of this document)

Identification			0
Social Security Number 🔹			
Confirm Social Security Number 🔹			
Government ID Issued By *	UNITED STATES	~	
Document Type *	Driver's License	~	
Government ID Number *			
			🗙 Remove 🌙 Done
	Add	Another	

## Tab 2: Document Upload

- After filling in the **Subject** tab, click on **Document Upload**
- Check the box on the left to select the CPR form and click on Blank Form on the right—this action will download the CPR form to your computer

				Document Actions	Select One V
Searcl	1 Type Documents				Select One Upload
Select	Document	File Name	Component, Country Name		View Delete
2	Child Abuse Registry-DC- Request Form			Instructions	Blank Form

- Complete the form without changing the portion "who will receive the results?"
- *Please Note*: If you have no previous names, please type "N/A" in the space

😐 🚳 DC Chi	ld Protection	Register (CPR	Check Request Applicat	ion
This is a "fillable" PDF form. D App-10-01-2021" (no periods, j handwrite, print clearly in blo	lownload it on your punctuation, special ock lettering. Form	computer, save it with characters or spaces i s are returned if incor	applicant name and submission date: n the file name). Type this form. If yo nplete, incorrect or the handwriting	"John-Doe- u print it and is not clear.
WHAT IS THE REASON FOR	THIS CHECK? Get	this information fr	om the employer if unsure	
INITIAL CHECK: Employee/C	ontractor/Voluntee	er/Intern	Expected start date	
RENEWAL CHECK: Employee	e/Contractor/Volur	iteer/intern	Date of last check	
Please call 202-727-8	885 or email <u>cfsa.cr</u> IT WORK?	a <u>r@dc.gov</u> for special	circumstances needing expedited re-	sults.
Organization/School Name				
Applicant's Title/Role				
WHO WILL RECEIVE THE RES	SULTS?			
Requestor/Channeler Name	First Advantage B	ackground Services C	orp.	
Requestor Address	480 Quadrangle I	Drive, Bolingbrook, IL	60440	
	800-727-7170 Requestor Email		Abrea results@fadv.com	

- Print your completed application and sign it
- Scan your signed application and save it with the following file naming conventions: firstname-lastname-document-submission-date (John-Doe-App-10-15-2021)

- Save a copy of your government issues ID with the following naming conventions: firstname-lastname-document-submission-date (John-Doe-ID-10-15-2021)
- You can either upload the files separately or combine the two files into one (you can use Adobe or <u>a free online tool like this one</u>)

Name the new file with the following file naming conventions: firstname-lastname-document-submission-date (John-Doe-App-ID-12-15-2021)

- Return to the **Document Upload** tab, check the box on the right and click **Upload** in the document actions drop down list on the top right
- Upload your CPR form and ID by selecting your files and clicking Upload

II Upload	6
Subject Name	
Select File *	Choose File No file chosen
Supported File Types	bmp, doc, docx, gif, jpeg, jpg, pdf, png, tif, tiff, bt, xls, xlsx
	Upload Cancel

## Tab 3: Summary

• Move to the "Summary" tab and click "Submit" to add text

30	Summary				
Please review yo	ur information and click the	e submit button belo	ow to complete this proce	155.	
II Requested	nformation Summary				L C
Document Up	load				
Child Abuse R	egistry-DC-Request	Doc1.docx			
Child Abuse R Form	egistry-DC-Request	Doc1.docx			
Child Abuse R Form	egistry-DC-Request	Doc1.docx		_	
Child Abuse R Form	egistry-DC-Request	Doc1.docx			

## 3) Schedule a Fieldprint Fingerprinting Appointment

You will receive <u>a link to schedule you Fieldprint appointment</u> via email, upon submitting your DPCS Clearance Application

**Click Schedule an Appointment** on the right side of the screen. Enter an email address under **New Users/Sign Up** and click the **Sign Up** button. Follow the instructions for creating a Password and Security Question and then click **Sign Up and Continue**.

#### <u>Reason</u>

Fieldprint Code: **FPDCEMPLOYEE** 

Reason	We value your personal information and keeping it secure at ALL times. <u>Privacy Statement</u>	You con
Fieldprint Code	] @	
Continue If you don't have a Fieldprint®	code, please contact the employer or organization that sent you to this web:	site.
©Copyright 2009-2020. Fieldprin	t, Inc. Terms & Conditions Fieldprint Privacy Policy FBI Privacy Act State	ment

## <u>Additional Information</u> Applicant Type: Volunteer Billing Code: DC Public Schools

Additional Information	We value your personal information and keeping it secure at ALL Utimes <u>Privacy.Statement</u> Wour information is saved as and continue at any time.
Required items are marked with *	
The employer or organization that sent y Applicant Type: Volunteer	ou to this website or the processing agency requests the following additional information.
Billing Code: *	
DC Public Schools Save and Continue Back	

### <u>Employer</u>

Employer Name: Everybody Wins DC Address: 1420 New York Ave NW, Suite 650, Washington, DC 20005 Phone: (202) 216-9467

E	mployer  We value your personal times.Privacy Statemen
Requ	uired items are marked with *
	Please enter information below about your current or prospective employer,
	Employer Name: *
	EWDC
	Address Line 1: *
	1420 New York Ave NW
	Address Line 2 (Suite/Apt/etc.):
	Suite 650
	City: *
	Washington
	State: *
	Zin Code: *
	20005
	Phone:
	(202) 216-9467
	Save and Continue Back

Once registration is completed, schedule your appointment at a Fieldprint location of your choosing. Bring **two forms of ID** to your fingerprinting appointment. *You will receive a confirmation email outlining which forms of ID are accepted.* 

For any questions, please contact EWDC Volunteer and Partnership Manager: Jennifer McKenzie jmckenzie@everybodywinsdc.org (202) 836-4926