



2024 YOVASO Summer Leadership Retreat
July 11-14, James Madison University, Harrisonburg, VA
School Sponsor / SRO / Adult Volunteer
Registration Form



Please complete and return the attached form as soon as possible to ensure your spot or submit online at www.yovaso.org/summer-retreat

Full Name: _____

Title: _____

Gender: Male ___ Female ___ Other ___ Please Specify: _____

School Representing: _____

Number of Students Bringing: _____

Please provide names of students you will be bringing:

How many Retreats have you attended? _____

Required Background Check Information: (Note: Prior background checks with your employer or an organization do not qualify)

JMU and the Virginia State Police require **ALL civilian adults** (ages 18 and over) attending the retreat to undergo a background check. This is becoming a standard practice for all conferences where adult participants have direct contact with minors. **You will need to get fingerprinted locally and complete the National Criminal Background Check for Volunteers Providing Care to Children, the Elderly, and Disabled. Contact Molly Jackson (molly.jackson@vsp.virginia.gov) for the form and instructions. The form is attached to this registration form as well. Please allow up to 4 weeks for background check to be completed. The fee for the background check is waived by VSP Personnel, so the form and fingerprint card must be sent to us- DO NOT SUBMIT ONLINE. You will only need to complete Section I on the form.**

Mail completed background form and fingerprint card to:

Molly Jackson/YOVASO
VSP Public Relations Office
P.O. Box 27472
Richmond, VA 23261

Summer Contact Information: (Retreat packets will be mailed in late June, so provide your summer mailing address)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Summer Contact Phone Number: _____

(A phone number where you can be reached during the summer)

Overnight Accommodations:

All adult sponsors and SROs will be rooming in the dorms **and** chaperoning their students.

The availability for a single room is limited. Please write the first and last name of the person you would like to room with if a single isn't available: _____

**Write N/A in the space above if you do not have a roommate request.*

**If you have any rooming preferences or concerns, please contact Molly Jackson.*

Dining / Dietary Needs:

Please list all food allergies and/or special dietary needs (such as vegetarian, vegan, etc.):

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Contact Phone Numbers: (Cell) _____ (Home) _____ (Work) _____

Insurance Information:

Insurance Company: _____ Policy/Group Number: _____

Any health conditions staff should be aware if you become ill or injured: _____

T-Shirt Size: (circle one) S M L XL 2XL 3XL Other: _____

(*T-shirts are adult sizes only/You must register by June 1 to guarantee you receive your t-shirt size.)

I agree to attend the 2024 YOVASO Summer Leadership Retreat and, if accompanying students, agree to be in charge of chaperoning students that are attending from my school.

Sponsor/SRO Signature: _____ Date: _____

Registration Fee:

YOVASO will be charging a small fee for retreat participants. This fee helps to offset the cost of retreat materials that are not funded under our grant and increase attendance accountability for those who register. This will enable us to continue providing t-shirts, backpacks, and lanyards and help us recover some of the dorm room and meal costs for any no shows. **The final deadline to register is June 21. Refunds will only be given for cancellations made prior to this date.** **YOVASO Youth Leaders will not be charged a retreat fee.*

Registration Fee: \$15 per person or \$75 for a group of 6 and 1 sponsor.

There will be an online payment option, or you can mail checks to YOVASO. Checks are to be made out to YOVASO and mailed to the address below.

For Online Payments:

This year YOVASO is offering an online payment option. If you would like to pay online for you and/or students, you can scan the QR Code below to pay. In the notes section on PayPal, please include your name and any students you will paying for and Summer Leadership Retreat.



For mail-in payments:

Please write your name and/or the name of the students the fee will cover on the check or on an attachment. Please write checks to:

YOVASO Summer Leadership Retreat
VSP Public Relations Office
P.O. Box 27472
Richmond, VA 23261

Registration forms may be mailed with your check, submitted online at www.yovaso.org/summer-retreat, or scanned and emailed to Molly Jackson at molly.jackson@vsp.virginia.gov



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF STATE POLICE

SP-325 Rev. 07-01-2019

National Criminal Record Request for Employees or Volunteers Providing Care to Children,
the Elderly, or Disabled under the National Child Protection Act and the Volunteers for Children Act

Pursuant to the National Child Protection Act of 1993, as amended, this form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom national criminal history records are requested by a qualified business/organization under these laws.

Instructions to the Applicant/Volunteer and Qualified Business/Organization:

- Applicant must provide name, address and date of birth and sign the disclosure in Section I. Optionally, the Applicant may complete and sign the Waiver Agreement and Statement in Section I. One Applicant Fingerprint Card (FD-258) must be completed and submitted with this form.
- Qualified Business/Organization must complete all information in Section II. Complete payment information in Section III. Mail a copy of this completed form and Applicant Fingerprint Card (FD-258) with payment to: Virginia State Police, Non-Criminal Justice, P.O. Box 85076, Richmond, VA 23285-5076. This signed original form must be retained by the qualified business/organization. If the fingerprint card is mailed to VSP, a copy of this form should be attached.

SECTION I. APPLICANT OR VOLUNTEER – PLEASE READ THOROUGHLY

The qualified business/organization named below is entitled by §19.2-392.02 of the Code of Virginia to:

1) obtain a copy of any criminal history record I may have, 2) obtain a prompt determination as to the validity of criminal record(s) I may have before a final employment determination is made and 3) prior to the completion of the criminal records search the qualified business/organization may choose to deny me unsupervised access to children, the elderly, or disabled for which the entity provides care.

I am a current prospective (check one): ☐ Employee ☐ Volunteer

Printed Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

APPLICANT/VOLUNTEER DISCLOSURE

By virtue of my signature I certify the name, address, and personal descriptive information is accurate as recorded on this document and fingerprint impressions belong to me. I am apprised of the right to obtain and/or challenge the accuracy/completeness of the information contained in a criminal history record and may initiate a challenge by following the directions recorded on the reverse side of this form.

Signature: _____ Date: _____

WAIVER AGREEMENT AND STATEMENT - OPTIONAL

I hereby authorize (Enter Name of Qualified Business/Organization) _____ to submit a set of my fingerprints through the fingerprint vendor or mail along with this form to the Virginia State Police (VSP), for the purpose of accessing and reviewing Virginia and national criminal history records that may pertain to me directly from the Virginia Central Criminal Records Exchange (CCRE) pursuant to Virginia Code §19.2-389. By signing this optional Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the qualified business/organization with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

Signature: _____ Date: _____

SECTION II. TO BE COMPLETED BY QUALIFIED BUSINESS/ORGANIZATION

I hereby submit this written request for the fingerprints attached to be searched through the CCRE and the Federal Bureau of Investigation to assist in determining suitability for employment/volunteering services in the care of children, the elderly or disabled. As recorded in the section below. I represent a qualified business/organization entitled to receive fingerprint-based searches pursuant to §19.2-392.02 of the Code of Virginia.

Business/Organization Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____ Account/Tracking # _____

Date of Request

Signature of Authorized Agent

Printed name

SECTION III. PAYMENT OPTIONS:

Check one payment choice – personal checks not accepted:

Search Fees: Employment - \$27.00 Volunteer - \$20.00

☐ MasterCard ☐ Visa ☐ Virginia State Police NCJ Account or Tracking # _____

Account # _____ Expiration Date: _____

Authorized Signature _____ Date _____

☐ Certified/Business Check or Money Order payable to Virginia State Police

ORIGINAL SIGNED FORM MUST BE RETAINED BY QUALIFIED BUSINESS/ORGANIZATION