



2026 YOVASO Summer Leadership Retreat
 July 16-19, 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: _____

Email: _____

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.

Steps:

- You will need to get fingerprinted locally at your police department or sheriff’s office or a VSP Area Office near you.
- **PRINT** the attached “National Criminal Background Check for Volunteers Providing Care to Children, the Elderly, and Disabled” form or download it from the online link: <https://vsp.virginia.gov/wp-content/uploads/2021/07/SP-325-National-Criminal-Record-Request-Employeess-Volunteers-Rev07-01-2019.pdf>
- **Complete Section 1 on the form only.**
- **MAIL the completed form and fingerprint card to the address below. 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 THE FORM ONLINE. Mail to:**

Callie Toler, Retreat Director
 Virginia State Police, Division 6
 3775 West Main Street
 Salem, VA 24153

- If you have any questions about the background check process, contact Callie Toler: callie.toler@vsp.virginia.gov or (804) 914-2532

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email 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 Callie Toler.*

Lost Key Information:

James Madison University has a Lost Key Policy that states any lost keys during the Retreat will result in a \$50 replacement fee. YOVASO provides a free lanyard and backpack to all participants to help ensure they are able to keep up with their belongings. Please note that the \$50 will be the participant's responsibility and to be paid prior to the end of the retreat. Adult signature below is needed to confirm that you understand the Lost Key Policy.

Please sign that you understand the Lost Key Policy: _____

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 or allergies 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 2026 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: _____

Sensitive Subject Disclaimer:

During the week, we will have personal speakers sharing their own experiences. Please indicate below if your school or community has experienced a tragedy in recent years, or if you or any of your students attending the retreat have experienced a personal or family-related tragedy that we should be aware of. *We also included this question on our Student Registration Form.*

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 19. 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 students.

*****Adults attending with a group of student will not be charged a fee! The team fee covers the six students attending!**

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:

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 be 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
Virginia State Police, Division 6
3775 West Main Street
Salem, VA 24153

Registration forms may be mailed with your check, submitted online at www.yovaso.org/summer-retreat via PayPal or scanned and emailed to Callie Toler at callie.toler@vsp.virginia.gov



**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF STATE POLICE**

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	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Virginia State Police NCJ Account or Tracking # _____	
Account # _____	Expiration Date: _____	Authorized Signature _____	Date _____
<input type="checkbox"/> Certified/Business Check or Money Order payable to Virginia State Police			

ORIGINAL SIGNED FORM MUST BE RETAINED BY QUALIFIED BUSINESS/ORGANIZATION

Notice to Applicant/Volunteer

Directions for Challenging a Criminal History Record

In the event you are determined not qualified to work or volunteer in a position that involves access to children, the elderly or disabled you may initiate a personal review of a criminal record. Please remember: you were fingerprinted for the position and the Central Criminal Records Exchange (CCRE) of the Department of State Police has determined the fingerprints are identical to criminal fingerprints on file at CCRE and/or the Federal Bureau of Investigation (FBI) and a conviction exists which is a barrier to employment or volunteering services. To initiate a review of a criminal record, follow these instructions:

CCRE – Criminal Record within the Commonwealth of Virginia

Report to Virginia State Police Administrative Headquarters between the hours of 8:00 am and 4:30 pm at 7700 Midlothian Turnpike, Richmond, Virginia or a VSP Area Office* and inform the receptionist you desire to challenge a criminal record. You must provide two forms of identification, one of which must contain a photograph. Your fingerprints will be obtained and searched against the criminal record fingerprint database and the criminal history record for the State of Virginia only will be reviewed with you. Should you have a discrepancy either at the charge or final disposition level you must address it with the contributor of the record or the court or arresting agency that submitted the record to CCRE. CCRE staff will provide the necessary guidance and information to establish contact with a contributing agency.

* VSP Area Office locations are listed at: https://www.vsp.virginia.gov/Office_Locations.shtm

FBI – Criminal Record outside the Commonwealth of Virginia

Telephone the FBI, Special Correspondence Unit at (304) 625-5590, or visit <https://www.fbi.gov/services/cjis/identity-history-summary-checks> for instructions.

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.

Applicant's Rights: Your fingerprints will be used to check the criminal history records of the FBI and the Central Criminal Records Exchange (CCRE) of the Virginia State Police. You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You may obtain a copy of your Virginia Criminal History by submitting VSP Form SP-167, available at http://www.vsp.state.va.us/CJIS_Criminal_Record_Check.shtm, to the CCRE. You may challenge the accuracy or completeness of a Virginia criminal history record through the CCRE Expungement/Record Challenge Section, which can be reached at (804) 674-6723 for further information about this process.

ORIGINAL SIGNED FORM MUST BE RETAINED BY QUALIFIED BUSINESS/ORGANIZATION. IF THE SUBMISSION OF FINGERPRINTS IS NOT DONE ELECTRONICALLY, A FINGERPRINT CARD SHOULD BE MAILED TO VSP ALONG WITH A COPY OF THIS FORM.