



# Live Scan Instructions

Thank you for ministering to and mentoring the next generation of Christian leaders! As a precautionary measure to ensure the safety for adults and children alike, it is a policy of VCG that ALL adults 18 and over working with minors must receive a criminal history check through the Department of Justice. VCG will also be notified of any subsequent arrests.

Please follow these simple steps:

1. Fill out the necessary Applicant Information on the Request for Live Scan Service form.
2. Go to the Campus Safety Office at Citrus College to be scanned\*:

1000 W. Foothill Blvd.  
Glendora, CA 91740

Phone:  
(626) 963-2500

E-mail:  
[uslivescan@yahoo.com](mailto:uslivescan@yahoo.com)

**Hours: Monday-Thursday, 9:00am-6:00pm; Friday, 9:00am-4:00pm**

\*You may either walk-in or call ahead to make an appt. to bypass any potential line.

**VCG has an account established with U.S. Live Scan. You should not be billed. Please let them know you are with Vineyard Church Glendora.**

If you have any concerns or questions, please contact the VCG administrative office at 626-736-5302, or [info@vineyard-church.com](mailto:info@vineyard-church.com)

## Thank You!



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

AC307

ORI (Code assigned by DOJ)

Authorized Applicant Type

Volunteer

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Vineyard Church Glendora

Agency Authorized to Receive Criminal Record Information

13411

Mail Code (five-digit code assigned by DOJ)

146 N. Glendora Ave. , Suite 105

Street Address or P.O. Box

Abigail Gaines

Contact Name (mandatory for all school submissions)

Glendora

City

CA 91741

State ZIP Code

6267365302

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name  
(AKA or Alias) Last

First

Suffix

Date of Birth

Sex  Male  Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number 149863

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed