

# New Hope Community Church Procedure to make online appointments to request Live-Scan Fingerprinting Service.

How to make an appointment online:

- a) Go to [www.sccsheriff.org](http://www.sccsheriff.org) this will take you to the Santa Clara Sheriffs website.
- b) Click on the Fingerprinting link on the center of the page.
- c) Click on “Make a Fingerprint Appointment Here” on the center bottom of the page.
- d) Fill out your appropriate information using the attached provided guide. This site will prompt you as how to properly fill out each box. Blue boxes will pop up to instruct you, pay attention to those instructions.  
Make sure the level of service selected: DOJ “yes”, FBI “yes”
- e) Once you are done with that page, the next page will take you to a date and Sheriff office location station. Click the calendar for your selected date. Then select the substation location where you wish to visit. The South County Substation in San Marin on Monterey Highway is the closest to Gilroy.
- f) The “next” page allows you to make an appointment time. Select from the available times.
- g) The “next” page, select the “print profile” button to print your information and take it with you to your appointment.

**Application Type**

\* Type of Application: Volunteer  
\* Agency ORI Code: A2756 (Code assigned by DOJ)  
\* Job Title or Type of License, Certification or Permit: Volunteer

**Agency Address Set Contributing Agency**

\* Agency authorized to receive criminal history information: New Hope Community Church (Agency Name)  
Mail Code: 08913 (5 digit code assigned by DOJ)  
\* Street No.: 8886  
\* Street Name or P.O. Box#: Muraoka Drive  
Suite No.:  
\* City: Gilroy  
\* State: CA  
\* Zip Code: 95020 4Code  
Contact Name: Michelle Hawkins (Mandatory for all school submission)  
Telephone No.: 408 - 842 - 4857 Ext:

**Applicant Information**

\* Last Name:  
\* First Name:  
Middle Name:  
Jr., Sr., III: -Select-  
Alias Last Name:  
Alias First Name:  
Alias Middle Name:  
Alias Jr., Sr., III: -Select-  
\* Date of Birth: / / (MM/DD/YYYY)  
\* Sex:  Male  Female  
\* Height: Ft. In.  
\* Weight: Lbs.  
\* Eye Color: -Select-  
\* Hair Color: -Select-  
\* Place of Birth - Country: -Select-  
Place of Birth - State: -Select-  
Social Security No.: - - -  
CA Driver License No.:  
\* Agency Billing No.: 145257 (If there is no billing information, enter NA. If "Coll" enter CAF.)  
Misc No.: -Select- -  
Misc No.: -Select- -  
**Home Address**  
\* Street No.:  
\* Street Name or P.O. Box#:  
Apt. No.:  
\* City:  
\* State: -Select-  
\* Zip Code: 4Code  
\* Telephone No.: - - - Ext:  
Send confirmation email to  
Email:  
Confirm Email:

Type of Application = Volunteer  
Agency ORI Code = A2756  
Job Title = Volunteer  
Agency Authorized to receive Information = New Hope Community Church  
Mail Code = 08913  
Church Address = 8886 Muraoka Drive Gilroy 95020  
Contact Name = Michelle Hawkins  
Number = 408-842-4857  
Agency Billing # = 145257  
OCA Number = A2756

Level of Service = DOJ – Yes & FBI - Yes