

Missouri State Highway Patrol / Missouri Department of Social Services
REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - (\$11.00) and CD Central Registry Child Abuse Search <input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)					
MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE	
ALIAS NAME(S)	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE /		
ADDRESSES FOR PAST 5 YEARS					
STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?
 YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?
 YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

<p style="text-align: center;">COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">AGENCY NAME</td></tr> <tr><td style="padding: 5px;">ATTENTION</td></tr> <tr><td style="padding: 5px;">ADDRESS</td></tr> <tr><td style="padding: 5px;">CITY, STATE, ZIP CODE</td></tr> </table>	AGENCY NAME	ATTENTION	ADDRESS	CITY, STATE, ZIP CODE	<p>SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson city, MO 65102</p>
AGENCY NAME					
ATTENTION					
ADDRESS					
CITY, STATE, ZIP CODE					



Park Hill School District

Building Successful Futures • Each Student • Every Day

Screened Volunteer Form

Thanks for making a difference for our young people. All volunteers must read the policies, sign this form and keep a copy for reference during your volunteer experience.

I, _____, read the policies

(Please print name AND state relation to child here)

and agree to follow all the standards and guidelines for Park Hill School District. By signing below I understand that the district office can submit my information to the Missouri Department of Social Services at will until I submit a request, in writing, for them to stop or my child graduates or leaves the district. I understand that my volunteer status can change at any time.

(Signature)

(Date)

(Email Address)

(Phone Number)

Please list all your children in the Park Hill School District (if applicable).

(Child 1)

(School)

(Child 2)

(School)

(Child 3)

(School)

**Once signed, please return this form to Beverly Leach at the district office,
7703 NW Barry Rd., Kansas City, MO 64153. Call Beverly Leach at (816) 359-6022 or
email her at leachb@parkhill.k12.mo.us with any questions or concerns.**