

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:</p> <p>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

Volunteer Screening Form

Thank you 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, (please print your name) _____, read the policies 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

I am submitting my information: (check all that apply)

To be a volunteer in a Park Hill School

To be part of a mentoring program (requires additional background checks and fingerprinting)

Once signed, please return this form to the communications department at the district office, 7703 NW Barry Road, Kansas City, MO 64153. Call Cindy Small at (816) 359-4070 or email her at Smallc@parkhill.k12.mo.us with any questions or concerns.

This process can take up to two weeks or longer depending on the time of year. Please be aware of this when submitting your application for specific events.

For office use:

Sexual Offender Registry

Child Abuse or Neglect / Criminal Record

Fingerprint Search



Park Hill School District

Building Successful Futures • Each Student • Every Day

Volunteer Rules

1. Volunteers must follow the same dress code applicable to students.
2. Volunteers will not lend money or bring gifts other than stickers and greeting cards to individual students unless authorized by the building principal or designee.
3. Volunteers will not transport students.
4. Volunteers will keep all information obtained from a student's education record confidential.
5. Volunteers will not photograph or videotape students unless authorized by the building principal or designee.
6. Volunteers will not date students, have sexual relationships with students or arrange to meet students outside the regular school day or during school-sponsored events or activities.
7. Volunteers will not dress students, change diapers, provide personal hygiene assistance or supply medication to students.
8. Volunteers will use universal precautions to avoid contact with body fluids.
9. Volunteers will receive district policies and procedures on computer use and will sign an authorized user form prior to having access to the district's computers.
10. Volunteers will not discriminate against or harass any person and will report all harassment or discrimination observed, in accordance with district policy.
11. Volunteers will not search students or student property.
12. Volunteers will not direct a student to remove an emblem, insignia or garment, including a religious emblem, insignia or garment. If the volunteer believes a student's clothing is disruptive or promotes disruptive behavior, the volunteer will contact a staff member immediately.
13. Volunteers must sign in and out of the office when entering or leaving the school and must document the hours volunteered in the school.
14. Volunteers must report suspected cases of abuse or neglect to the building principal.
15. Volunteers will follow all the policies, procedures and other rules established in the district and all applicable laws.