

任何希望到Ritenour学区内的学校做志愿者或旁听的人都必须填写下列信息表。该表格应交还给您希望参与的学校。交还表格时必须出示您的身份证件。该校校长和/或人力资源部门保留批准或否决您志愿或旁听要求的权力。

姓 \_\_\_\_\_ 名 \_\_\_\_\_

家庭住址 \_\_\_\_\_

城市 \_\_\_\_\_ 州 \_\_\_\_\_ 邮编 \_\_\_\_\_

电话号码 \_\_\_\_\_

电子邮件地址 \_\_\_\_\_

我希望能在哪里做志愿者/旁听 \_\_\_\_\_

如果是旁听，我来自(学校名称) \_\_\_\_\_

学校联系人名 \_\_\_\_\_

学校联系电话 \_\_\_\_\_

我, \_\_\_\_\_, 知道我有可能看到或听到关于学生的保密信息。我会保护所有学生的隐私权, 因此, 不会以书面, 电子, 录像, 口头的方式泄漏任何学生的个人身份信息。我也不会把该信息透漏给任何公众媒体。我明白如果我不能尊重学生的隐私权和保密信息, 那么我将不能在Ritenour学区内的学校作志愿者或旁听。

作为志愿者我会有经常接触学生的机会。密苏里的法律规定, 如果我有过性侵犯的记录, 那么要求我必须向校方透露该信息。如果我隐瞒该信息, 则可导致我被逮捕, 被起诉, 甚至是被罚款和入狱。

我在下方的签名表明我在作伪证会受到处罚的情况下宣誓, 我没有过关于性或毒品的罪行, 或暴力犯罪, 现阶段也没有受到任何的刑事起诉, 并且没有过性侵犯记录。

签名 \_\_\_\_\_ 日期 \_\_\_\_\_

审核者(学校管理人) \_\_\_\_\_ 日期 \_\_\_\_\_

人力资源部收到日期 \_\_\_\_\_

Missouri State Highway Patrol

**REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD**

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - (\$13.00) 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;"><b>COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION)</b>                  Complete your mailing label below                  Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">AGENCY NAME <b>Ritenour School District</b></td> </tr> <tr> <td style="padding: 2px;">ATTENTION <b>Wendy Jackson</b></td> </tr> <tr> <td style="padding: 2px;">ADDRESS <b>2420 Woodson Road</b></td> </tr> <tr> <td style="padding: 2px;">CITY, STATE, ZIP CODE <b>St. Louis, MO 63114</b></td> </tr> </table>	AGENCY NAME <b>Ritenour School District</b>	ATTENTION <b>Wendy Jackson</b>	ADDRESS <b>2420 Woodson Road</b>	CITY, STATE, ZIP CODE <b>St. Louis, MO 63114</b>	<p><b>SEND FEE &amp; FORM TO:</b>                   Missouri State Highway Patrol                  Criminal Justice Information Services Division                  P.O. Box 9500                  Jefferson city, MO 65102</p>
AGENCY NAME <b>Ritenour School District</b>					
ATTENTION <b>Wendy Jackson</b>					
ADDRESS <b>2420 Woodson Road</b>					
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