

Koi vi banda volunteer ya observe Ritenour School District vich karna chanda hovay, usnu eh form complete karna payga. Eh form nu return karna jera vi school tusi volunteer ya observe karna chandey ho. Jadoo eh form nu return karna, taude kaul identification honi cheyda. School da principal ya Human Resources di ijazaat nal tusi volunteer ya observe karsak de ho.

Surname: \_\_\_\_\_ Pehla Naam: \_\_\_\_\_

Ghar da Address: \_\_\_\_\_

Sher: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Main school di madath/volunteer karna chanda hoon: School da naam: \_\_\_\_\_

Je classroom observe karna, institution da naam hai: \_\_\_\_\_

Institution da contact banda: \_\_\_\_\_

Institution da telephone number: \_\_\_\_\_

Main, \_\_\_\_\_, nu patha hai ke main dekh ya sunsakh da hoon student di private information. Main students di private information nu protect karanga aur information nu kisi nu nahin dasanga. Main public nu na information likhanga, bolanga ya electronically release karanga. Main samajhda hoon ke je main student di private information di izzat na keethi, Ritenour School District mainu volunteer ya observe karan nu rokhegi.

Eh vi hosakh da hai ke main volunteer kara te mera contact hoyey students de naal. Missouri Law kende ke meri responsibility hai ke main school nu dasa je main registered sex offender hoon. Je main eh information na share kara te main arrest vi hosakh da hoon aur jail vi ja sakh da hoon.

Mera signature declare karda ke meri koi sex, drugs ya violence di koi charges ya conviction nahin hai aur main ek registered sex offender nahin hoon.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by (Building Administrator): \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Department Received: \_\_\_\_\_

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.<br><input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge<br><input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search<br><input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search<br><input type="checkbox"/> \$14.00 (Authorized Statute 210.487)<br><input type="checkbox"/> \$20.00 (All other request) | TYPE OF DAYCARE PROVIDER<br><input type="checkbox"/> (1) License<br><input type="checkbox"/> (2) License Exempt<br><input type="checkbox"/> (3) Registered |
|--|--|

**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><br/>                 Complete your mailing label below<br/>                 Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">AGENCY NAME<br/><b>Ritenour School District</b></td> </tr> <tr> <td style="padding: 2px;">ATTENTION<br/><b>Wendy Jackson</b></td> </tr> <tr> <td style="padding: 2px;">ADDRESS<br/><b>2420 Woodson Road</b></td> </tr> <tr> <td style="padding: 2px;">CITY, STATE, ZIP CODE<br/><b>St. Louis, MO 63114</b></td> </tr> </table> | AGENCY NAME<br><b>Ritenour School District</b> | ATTENTION<br><b>Wendy Jackson</b> | ADDRESS<br><b>2420 Woodson Road</b> | CITY, STATE, ZIP CODE<br><b>St. Louis, MO 63114</b> | <p><b>SEND FEE &amp; FORM TO:</b><br/><br/>                 Missouri State Highway Patrol<br/>                 Criminal Justice Information Services Division<br/>                 P.O. Box 9500<br/>                 Jefferson city, MO 65102</p> |
| AGENCY NAME<br><b>Ritenour School District</b>   |  |                                   |                                     |   |  |
| ATTENTION<br><b>Wendy Jackson</b>  |  |                                   |                                     |   |  |
| ADDRESS<br><b>2420 Woodson Road</b>  |  |                                   |                                     |   |  |
| CITY, STATE, ZIP CODE<br><b>St. Louis, MO 63114</b>  |  |                                   |                                     |   |  |