



LEE'S SUMMIT
R-7 SCHOOLS
Learning for Life

Reorganized School District No. 7
301 NE Tudor Road
Lee's Summit, MO 64086-5706
Phone: (816) 986-1000 Fax: (816) 986-1171

Office of Human Resources

Authorization for Release of Information
School Volunteer

In connection with my application to volunteer, I understand and agree that investigative background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Further, I understand and agree that you may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, workers' compensation injuries and other experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for most federal, state and country agencies.

I do hereby release, absolve, and agree to forever hold harmless, RSI, its officers, agents, contractors and employees and the Lee's Summit R-7 School District, its officers, agents, contractors and employees, as well as any and all agencies, persons and/or institutions who provided or transmitted any information in reliance of this release from any claims, lawsuits, causes of action, judgments, suites and liens arising from the collection, transmission or publication of such material.

Last Name	First Name
Middle Name	Preferred Name
Date of Birth	Social Security Number
Address	City, State, Zip
Home Phone	Cell Phone
Email Address	

Applicant's Signature _____

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 checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - \$9.00 (Criminal record, child abuse, or neglect, central registry search) <input type="checkbox"/> (3) Fingerprint 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 checked="" 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>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>AGENCY NAME</td> <td>Tony L. Stansberry Leadership Center</td> </tr> <tr> <td>ATTENTION</td> <td>Human Resources</td> </tr> <tr> <td>ADDRESS</td> <td>301 BE Tudor Rd.</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td>Lee's Summit MO 64086</td> </tr> </table>	AGENCY NAME	Tony L. Stansberry Leadership Center	ATTENTION	Human Resources	ADDRESS	301 BE Tudor Rd.	CITY, STATE, ZIP CODE	Lee's Summit MO 64086	<p>SEND FEE & FORM TO:</p> <p>Missouri State Highway Patrol Criminal Records and Identification Division P.O. Box 9500 Jefferson city, MO 65102</p>
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