

Request for Criminal Record/Child Abuse or Neglect/Sex Offender Registry

Dear C-4 Volunteer, thank you for giving your time to our students.

In order to ensure the safety and security of all students in attendance within the Grandview C-4 School District, we have adopted the suggestion from the Missouri Department of Elementary and Secondary Education (DESE) that all volunteers coming in direct contact with any student in our district have a background check performed.

We have contracted with Missouri Criminal Records, LLC, an external organization, to perform all background checks for fieldtrip volunteers. MO Criminal Records, LLC is authorized by the MO State Highway Patrol.

Any individual that wishes to volunteer for fieldtrips must complete the form located at the bottom of this sheet and return it to their child's teacher. It will then be submitted to Human Resources for processing. Incomplete applications cannot be processed. ****All results are kept on file at Central Office and are good for 3 years.***

Attached you will find the following Board Policies relating to School Volunteers and Criminal Background Checks;
IICC: School Volunteers, IICC-AP: School Volunteers, GBEC: Criminal Background Checks .

For additional information, you may contact Human Resources- Human Resource Clerk at (816) 316-5072.

FORMS MUST BE COMPLETED AND RETURNED TO Human Resources 2 WEEKS PRIOR TO SCHEDULED ACTIVITY

Please complete, sign and return to your student's classroom teacher. Thank you!

Name and Date of Activity: _____

Student's Name: _____ School: _____

IDENTIFYING DATA					
Applicant's Name (Last, First, MI, Jr., Sr., III)				Contact Phone #:	
Maiden Name		Date of Birth: MM/DD/YY (required)		State of Birth	Sex
Other Name(s) Used		Social Security Number (required)		Driver's License Number/State	
ADDRESSES FOR THE PAST FIVE (5) YEARS					
Street	City	State	Street	City	State
Street	City	State	Street	City	State
Street	City	State	Street	City	State
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 Grandview Consolidated School District No. 4 to obtain any and all information needed to process my request and to use this information as permitted by law.					
Signature of Applicant (Required)				Date	
FOR HUMAN RESOURCES USE ONLY		CONFIRMATION #: _____		DATE SUBMITTED: _____	