## CHILD PROTECTION BACKGROUND CHECK ACT FORM

Kinship Partners, Inc. PO Box 642, Brainerd, MN 56401 (218) 829-4606

Nonprofit account Number: 2188294606

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, Kinship Partners, Inc. will request the Bureau of Criminal Apprehension (BCA) to perform a criminal background check on you under Minnesota Statutes Chapter 299C.62.

Have you ever been convicted of the particulars of the conviction.		crimes? (	If yes, please attach a descr	iption of the crime and
the particulars of the conviction.	Yes		No	
	BACKGROUND C	HECK C	RIMES	
	Under Minnesota Stat	tutes Cha	pter 299C	
Murder	Any Assault Crime Again			Kidnapping
Criminal Sexual Conduct	Manslaughter		Prostitution-Related Crime	Arson
Any of the following Child Abuse Crime	es committed against Minor	victim, con	stituting a violation of Minnesota Sta	atutes Sections:
609.185,(5) Murder in the 1st Degree		609.344 Criminal Sexual Conduct in the 3rd Degree		
609.221 Assault in the 1st Degree		609.345 Criminal Sexual Conduct in the 4th Degree		
609.222 Assault in the 2nd Degree		609.352 Solicitation of Children to Engage in Sexual Conduct		
609.223 Assault in the 3rd Degree		609.377 Malicious Punishment of a Child		
609.224 Assault in the 5th Degree		609.378 Neglect or Endangerment of a Child		
609.2242 Domestic Assault		152.021, subd.1,(4) Controlled Substance Crime in 1st Degree		
609.322 Solicitation, Inducement and Promotion of		152.022, subd.1,(5) or (6) Controlled Substance Crime in 2nd Degree		
Prostitution		152.023, subd.1,(3) or (4) Controlled Substance Crime in 3rd Degree		
609.324 Other prohibited acts of Pi			subd.2,(4) or (6) Controlled Substanc	
609.342 Criminal Sexual Conduct in the 1st Degree		152.024, subd.1,(2), (3) or (4) Controlled Substance Crime in 4th		
609.343 Criminal Sexual Conduct in	the 2nd Degree	Degree		
employee or volunte specified crimes, ar -to be informed of th -to obtain from the E -to challenge the acc -to be informed wh response and not to Minnesota statutes and the the background check:	Kinship Partners, Inc. veer, and to determine wand e BCA's response and CA any record that for curacy and completene ether Kinship Partners be required directly or e BCA require you to	will request thether you obtain a come the bases of any start, Inc. has indirectly complete	t this check for becoming or co u have been convicted of any opy of the report from Kinship	of the above Partners, Inc., eport, and cause of the BCA's und check.
<b>-</b> 1				
First Name (please print):			Middle (full)(please print):	
Maiden, Alias or Forme	er (please print):			
Full Address:				
Date of Birth:			<b>Sex</b> (M or F):	
	nth/Day/Year			
Social Security Number:	-			

This release is valid for one year from the date of  $\ensuremath{\mathsf{my}}$  signature.

Date \_\_\_\_\_

Required

Signature \_

**Additional Information:**