CHILD PROTECTION BACKGROUND CHECK ACT FORM

Brooklyn Park Athletic Association (BPAA) P.O Box 43206 Brooklyn Park, MN 55443 **763-464-6642**

NON-PROFIT ORGANIZATION, Tax ID #ES22952

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

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	ever been convicted of any of the follows of the conviction.)	ving crimes? (If y	es, please attach	n a description of the cri	me and the
- Any Assa - Any of th Sections: 609.185, (609.221 A 609.222 A 609.223 A 609.224 A 609.322 S Promotion 609.324 C 609.342 C 609.343 C	Under N Sexual Conduct	- Felony Level A - Manslaughter - Prostitution-Re tted against Mino	es Chapter 299C Assault elated Crime or victim, constitut 609.352 Solicitat Sexual Conduct 609.377 Maliciou 609.378 Neglect 152.021, subd.1, in 1st Degree 152.022, subd.1, Crime in the 2 nd of 152.023, subd. 1 Crime in 3rd Deg 152.023, subd. 2 Crime in 3rd Deg	ion of Children to Engages Is Punishment of a Children to Endangerment of a Children to Endangerment of a Children (4) Controlled Substant (5) or (6) Controlled Subgree (4) or (6) Controlled Supree (2), (3) or (4) Controlled Supree (2), (3) or (4) Controlled	ge in d Child nce Crime ubstance substance
As the subject of a Child Protection background check, your rights include: • to be informed that BPAA will request this check for becoming or continuing as an employee or volunteer, and to determine whether you have been convicted of any of the above specified crimes, and • to be informed of the BCA's response and obtain a copy of the report from BPAA, • to obtain from the BCA any record that forms the basis for the report and • to challenge the accuracy and completeness of any information contained in the report, and • to be informed whether BPAA has denied your application because of the BCA's response and not to be required directly or indirectly to pay the cost of the background check. Minnesota statutes and the BCA require you to complete the following information in order to complete the background check: Last Name of Applicant: (please print): Middle (full)(please print): Maiden, Alias or Former (please print):					
D	ate of Birth:		Sex (M or F):		

Date

Month/Day/Year

Signature