

St. Paul Park Athletic Association



Criminal Background Check Confidential Screening and Consent Form

PLEASE PRINT

licant's Full Name	e:			.				
den, Alias or Forn	ner Name:							
Date of Birth (MM/DD/YYYY):							$\Box \mathtt{F}$	
rent Address:								
Street Address				City	State	€	Zip	
How Long at this Address:				Telephone Number:				
What position(s) do you anticipate holding in the next 12 months? (Mark all that app \Box Coach \Box Assistant Coach \Box SPPAA Board								
Which sport(s) are you applying for? □Baseball □Softball					□Soccer			
1. Do you authorize SPPAA to request the Minnesota Bureau of Criminal Apprehension (BCA) to perform a background check on you? Failure to do so will disqualify you from participation in activities of SPPAA or organizations associated with SPPAA.							□No	
2. a) Have you ever been convicted of a felony or gross misdemeanor?							□No	
						□Yes	□No	
3. a) Have you ever been held liable for civil penalties or damages involving								
		a)	□Yes	\square No				
						□Yes	□No	
protection?						□Yes	□№	
sexual or physical abuse of children?								
77 77							□NT-	
4. Has any information emerged on this form changed since your last application:							Пио	
5. Have you been a resident of Minnesota continuously for your lifetime? If you answered "NO", list the states or countries, other than Minnesota, where you have been a resident and give the relevant dates of residence. Use additional sheets if necessary.						□Yes	□No	
			Address					
6. If you were not a resident of Minnesota continuously for your lifetime, do you authorize SPPAA or organizations associated with SPPAA to obtain criminal background check information about you from the State or Federal record keeping agency in each state or country where you resided? And do you agree, upon request, to sign another consent form if required by that agency or agencies? Failure to do so will disqualify you from participation in activities of SPPAA or organizations associated with SPPAA.						□No		
	den, Alias or Form of Birth (MM/DD rent Address: Long at this Add at position(s) do y Coach ch sport(s) are you Do you authorize Apprehension (I will disqualify you associated with S a) Have you eve Chapter 299c lis (If yes to either q a) Have you eve sexual or physical b) Have you eve physical abuse of protection? c) Have you eve sexual or physic (If yes to any of the Has any informa Have you been a If you answered you have been a Use additional set tate or Country If you were not a authorize SPPAA background che keeping agency upon request, to agencies? Failur	den, Alias or Former Name: of Birth (MM/DD/YYYY): rent Address: Street Address: Long at this Address: to position(s) do you anticipate hold Coach ch sport(s) are you applying for? Do you authorize SPPAA to request Apprehension (BCA) to perform a will disqualify you from participation associated with SPPAA. a) Have you ever been convicted to the chapter 299c listed on page 2 of the converted and t	den, Alias or Former Name: c of Birth (MM/DD/YYYY): rent Address: Street Address Long at this Address: at position(s) do you anticipate holding in Coach Coach Do you authorize SPPAA to request the Mapprehension (BCA) to perform a backer will disqualify you from participation in accessive will disqualify you from participation in accessive will disqualify you from participation in accessive with SPPAA. a) Have you ever been convicted of a fell b) Have you ever been convicted of any Chapter 299c listed on page 2 of this form (If yes to either question, please attach and a) Have you ever been held liable for cits sexual or physical abuse of children? b) Have you ever been subject to any cophysical abuse of a minor, including, burprotection? c) Have you ever had your parental right sexual or physical abuse of children? (If yes to any of the above questions, please and information entered on this form Have you been a resident of Minnesota of If you answered "NO", list the states or you have been a resident and give the results of the states of the states of the state of Country and the state of Residence with the state of Residence authorize SPPAA or organizations associated or Country agencies? Failure to do so will disqualify the page of the state or country upon request, to sign another consent for agencies? Failure to do so will disqualify agencies? Failure to do so will disqualify agencies?	den, Alias or Former Name: e of Birth (MM/DD/YYYY): rent Address: Street Address Long at this Address: It position(s) do you anticipate holding in the next Coach Ch sport(s) are you applying for? Do you authorize SPPAA to request the Minnesota Apprehension (BCA) to perform a background ch will disqualify you from participation in activities of associated with SPPAA. a) Have you ever been convicted of a felony or gr b) Have you ever been convicted of any crime ref Chapter 299c listed on page 2 of this form? (If yes to either question, please attach additional in a) Have you ever been held liable for civil penalti sexual or physical abuse of children? b) Have you ever been subject to any court order physical abuse of a minor, including, but not limit protection? c) Have you ever had your parental rights termina sexual or physical abuse of children? (If yes to any of the above questions, please attach Has any information entered on this form changed Have you been a resident of Minnesota continuou If you answered "NO", list the states or countries, you have been a resident and give the relevant de Use additional sheets if necessary. It you were not a resident of Minnesota continuou authorize SPPAA or organizations associated with background check information about you from the keeping agency in each state or country where yo upon request, to sign another consent form if requegencies? Failure to do so will disqualify you from	den, Alias or Former Name: or of Birth (MM/DD/YYYY): rent Address: Street Address City Long at this Address: Telephone Number: at position(s) do you anticipate holding in the next 12 months? (Mark all that apply Coach Assistant Coach SPPAA Board ch sport(s) are you applying for? Baseball Softball Do you authorize SPPAA to request the Minnesota Bureau of Criminal Apprehension (BCA) to perform a background check on you? Failure to do so will disqualify you from participation in activities of SPPAA or organizations associated with SPPAA. a) Have you ever been convicted of a felony or gross misdemeanor? b) Have you ever been convicted of any crime referenced in Minnesota Statutes Chapter 299c listed on page 2 of this form? (If yes to either question, please attach additional information) a) Have you ever been subject to any court order involving sexual abuse or physical abuse of children? b) Have you ever been subject to any court order involving sexual abuse or physical abuse of a minor, including, but not limited to, a domestic order for protection? c) Have you ever had your parental rights terminated for reasons involving sexual or physical abuse of children? (If yes to any of the above questions, please attach additional information) Has any information entered on this form changed since your last application? Have you been a resident of Minnesota continuously for your lifetime? 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BACKGROUND CHECK CRIMES

Under Minnesota Statutes Chapter 299c

Murder		Felony Level Assault				Kidnapping		
Criminal Sexual Conduct		•	Manslaughter		•	• Arson		
Prostitution-Related Crime		•	Any Assault Crime Against a Minor					
Any of the following child abuse crimes committee			d against a	a minor v	ictim	(s), constituting a violation of		
Minnesota Statutes Sections:								
609.185 (5) Murder - 1st Degree			609.344	Criminal Sexual Conduct – 3 rd Degree				
609	9.221 Assault - 1st Degree		609.345	Criminal Sexual Conduct – 4th Degree				
609.222 Assault - 2 nd Degree				609.352	Solicitation of Children to Engage in			
			Sexual Sexual		Sexual	l Conduct		
609	09.223 Assault - 3 rd Degree		609.377	Malicious Punishment of a Child				
609.224 Assault - 4 th Degree		609.378	Neglect or Endangerment of a Child					
609	.2242	Domestic Assault		152.021	Controlled Substance Crime in 1st Degree			
609.322 Solicitation, Inducement Promotion of Prostitut:		ent a	ent and 152.022 C		Control	Controlled Substance Crime - 2nd Degree		
		ion		132.022	Colition	ieu s	bubstance Crime - 2 Degree	
609	324	Other Prohibited Acts of Prostitution		152.023	Controlled Substance Crime - 3 rd Degree			
609	342	Criminal Sexual Conduct - 1st Degree		152.024	Controlled Substance Crime - 4th Degree			
609	09.343 Criminal Sexual Conduct - 2 nd Degree		152.025	Controlled Substance Crime - 5th Degree				

As the subject of a Child Protection Background Check, your rights include:

- To be informed that the St. Paul Park Athletic Association will request this check for becoming or continuing as a 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 to be able to request a copy of the report from the St. Paul Park Athletic Association; and
- To be able to request, 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 the St. Paul Park Athletic Association 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.

Signature of Applicant	Date
Signature of Witness	Date