

CHILD PROTECTION BACKGROUND CHECK ACT FORM  
Autism Society of Minnesota (AuSM)  
2380 Wycliff St. #102, St. Paul, MN 55114  
651.647.1083

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, the Autism Society of Minnesota 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 any of the following crimes? (If yes, please attach a description of the crime and the particulars of the conviction.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**BACKGROUND CHECK CRIMES**  
Under Minnesota Statutes Chapter 299C

- Murder
- Criminal Sexual Conduct
- Any Assault Crime Against a Minor
- Any of the following Child Abuse Crimes committed against Minor victim, constituting a violation of Minnesota Statutes Sections:

- 609.185,(5) Murder in the 1<sup>st</sup> Degree
- 609.221 Assault in the 1<sup>st</sup> Degree
- 609.222 Assault in the 2<sup>nd</sup> Degree
- 609.223 Assault in the 3<sup>rd</sup> Degree
- 609.224 Assault in the 5<sup>th</sup> Degree
- 609.2242 Domestic Assault
- 609.322 Solicitation, Inducement and Promotion of Prostitution
- 609.324 Other prohibited acts of Prostitution
- 609.342 Criminal Sexual Conduct in the 1<sup>st</sup> Degree
- 609.343 Criminal Sexual Conduct in the 2<sup>nd</sup> Degree
- 609.344 Criminal Sexual Conduct in the 3<sup>rd</sup> Degree
- 609.345 Criminal Sexual Conduct in the 4<sup>th</sup> Degree

- Felony Level Assault
- Manslaughter
- Prostitution-Related Crime
- 609.352 Solicitation of Children to Engage in Sexual Conduct
- 609.377 Malicious Punishment of a Child
- 609.378 Neglect or Endangerment of a Child
- 152.021, subd.1,(4) Controlled Substance Crime in 1<sup>st</sup> Degree
- 152.022, subd.1,(5) or (6) Controlled Substance Crime in 2<sup>nd</sup> Degree
- 152.023, subd.1,(3) or (4) Controlled Substance Crime in 3<sup>rd</sup> Degree
- 152.023, subd.2,(4) or (6) Controlled Substance Crime in 3<sup>rd</sup> Degree
- 152.024, subd.1,(2), (3) or (4) Controlled Substance Crime in 4<sup>th</sup> Degree

As the subject of a Child Protection background check, your rights include:

- to be informed that the Autism Society of Minnesota 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 the Autism Society of Minnesota,
- 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 the Autism Society of Minnesota 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): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full)(please print): \_\_\_\_\_

**Maiden, Alias or Former**(please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex** (M or F): \_\_\_\_\_

Month/Day/Year  
**Social Security Number** (Optional): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This release is valid for one year from the date of my signature.



**INFORMED CONSENT  
RELEASE OF PREDATORY OFFENDER  
REGISTRATION DATA**



PLEASE PRINT LEGIBLY - USE COMPLETE NAME, INCLUDING MIDDLE NAME

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Maiden or Former Last Name (s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Current Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, The Autism Society of MN will request the Bureau of Criminal Apprehension (BCA) to perform a POR check on you in conjunction with a criminal history check pursuant to Minnesota Statutes §299C.62

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to The Autism Society of MN any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and the The Autism Society of MN from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_