

Request for Central Registry Clearance Children's & Adult Foster Care Camp Staff/Volunteer

Instructions: ALL fields must be completed and legible for processing.

Complete the following information and submit request to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
P.O. Box 30664
Lansing, MI 48909

Toll Free: 866-685-0006 Fax: 517-284-9709

A clear copy of the employee's/volunteer's picture identification **MUST** be attached.

PRINT FULL NAME (Last, First, Middle):	
Maiden Name/AKA (Also Known As)/Other Names Used (First or Last):	
Date of Birth:	Social Security Number:
Signature:	

Licensing Rules for Children's and Adult Foster Care Camps R400.11109 (7) (f) states in part; A camp shall maintain a personnel record.....The record shall include "Documentation from the Michigan Department of Human Services, the equivalent state or Canadian provincial agency, or equivalent agency in the country where the person usually resides, that any staff person age 21 or over has not been determined to be a perpetrator of child abuse or child neglect."

Indicate below how you want to receive the results of the central registry clearance. The results will be mailed **ONLY** to the address on your attached picture identification or the camp's mailing address:

Results mailed to the address on my attached picture identification.

OR Results mailed to the Camp at:

Address:

Camp Name/Attention/Address:

Bay Shore Camp (Attn: Penny)
450 N Miller St
PO Box 624
Sebewaing, MI 48759

Phone: _____

Phone: **989-883-2501**

The camp will **ONLY** receive response of **NO** central registry if the name being cleared has approved this request with their signature. The camp will not receive notification if the name submitted has any central registry history hits per CPL 722.627. This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722-627-722-627). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize Bay Shore Camp & Family Ministries to request the State police department to release information regarding any record of charges or convictions contained in its files, or in criminal file maintained on me, whether said crimes committed against minors to the fullest extent permitted by state and federal law. I do release said police/sheriff's department or other agencies from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant

Date

PRINT APPLICANT FULL NAME

PRINT ALL PREVIOUSLY USED NAMES

MAIDEN NAME (IF ANY)

RACE/ETHNIC GROUP

DATE OF BIRTH

PLACE OF BIRTH

DRIVERS LICENSE NUMBER

STATE ISSUING LICENSE

LICENSE EXPIRATION DATE

ADDRESS

CITY, STATE, ZIP