

Individual Council logo  
to be added here

## Request for Central Registry Clearance

Name of Local Council \_\_\_\_\_  
City \_\_\_\_\_

Insert Date

To Name of Prospective Volunteer,

Thank you for your request to become a volunteer for the council. As part of the application process we routinely check the background of every applicant.

You have been given two papers for the Central Registry Background Check Release. Please fill out the **Name of local council** form *Permission to Perform Background Check*, and the State of Michigan form DHS-194, *Request for Central Registry Clearance*, **and** provide a copy of your driver's license. Fax and/or mail all completed information to the attention of **Name of person receiving form** at **Name of local council**.

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The results of the state's background check are to be sent to the council. A copy may be sent to your address for your own files, if you checked that specific request, on the DHS-194.

Thank you!

Sincerely,

Name of Local Council Contact for Background Check

CTF and/or other logos placed across bottom of sheet

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## Permission to Perform Background Check

Name of Local Council \_\_\_\_\_

City \_\_\_\_\_

I, \_\_\_\_\_ HEREBY AUTHORIZE the Name of Local Council to perform a check of background including:

\_\_\_\_ Any driving records

\_\_\_\_ Any educational and/or employment/work history

\_\_\_\_ Personal references

\_\_\_\_ ICHAT State of Michigan Police background check (This information will include but not be limited to allegations and convictions for crimes committed upon minors)

\_\_\_\_ Any other police and/or agency records to the extent permitted by state and federal law

\_\_\_\_ Michigan Public Sex Offender Registry (PSOR)

\_\_\_\_ Central Registry Clearance

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from certain job role considerations. I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use of the Name of Local Council. I further hereby hold harmless the CAN Council and/or its representatives from any actions which may be taken upon receipt of this information.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION:

**(Please Print)**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Maiden Name/Alias \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number # \_\_\_\_\_ or

Michigan ID # \_\_\_\_\_

Race \_\_\_\_\_ Gender \_\_\_\_\_

Social Security Number # (mandatory / not mandatory) \_\_\_\_\_

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