

**PRINT OR TYPE** in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.  
**\*\* See instructions for the address to use when submitting this form. \*\***

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an ☐ employee ☐ volunteer ☐ other. This person's specific job/role is or will be:

Alabama counties where person has lived and/or worked \_\_\_\_\_

DHR-FCS-1598 (Revised December 2009)