



ADULT VOLUNTEER APPLICATION

(18 years of age and over)

As a volunteer, I agree to abide by the policies of the St. Louis Public Schools and I confirm that all my answers to the questions in the application are accurate and complete. I understand that the acceptance of my volunteer services is contingent upon the accuracy, completeness, and acceptability of the information furnished. Permission is granted to the St. Louis Board of Education to verify all statements in this application. This permission includes the review of character references, and information from the Division of Family Services of the State Highway Patrol. In the event that there is an unfavorable response from references, the Division of Family Services and/or the State Highway Patrol, I understand that my services may be rejected by the St. Louis Board of Education.

I understand that this information will be treated confidentially. I have read the above statement and accept the same as a condition of volunteering by the St. Louis Board of Education.

Signature **Date**



(Please print)

SCHOOL: _____

Program / Agency / Organization / Church: _____

I currently have a child enrolled in St. Louis Public Schools ___Y___N

NAME: _____

ADDRESS: _____ *(street)*

_____ *(city)*

_____ *(state/ zip)*

PHONE/S: *(home)* _____ *(work)* _____

EMAIL: _____

SSN _____ - _____ - _____

DATE OF BIRTH ____/____/____

.....
EMERGENCY CONTACT:

Name: _____

Relationship to you: _____ Phone: _____

-
- ◆ Are you related to a student(s) enrolled in SLPS? ____ Yes ____ No
 - Grandparent _____ Sibling _____ Other _____
 - What school(s) do they attend? _____
 - ◆ Have you volunteered in SLPS in the past?
 - If yes: Year/s _____ School _____
 - ◆ Education completed:
 - High School _____
 - College _____
 - Graduate study _____
 - PhD _____
 - ◆ Work experience:
 - Position/s _____
 - _____

.....

Are you aware of any adverse findings in the criminal background check? ____ Y ____ N
If so, please explain: _____

Are you aware of any adverse findings of abuse or neglect by the Division of Family Services? ____ Y ____ N
If so, please explain: _____

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Please provide names of three persons who will provide character references. (*Include name, address, city, state, zip code.*)

	NAME	ADDRESS	CITY	ZIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

OR

Provide three VOLUNTEER REFERENCE CHECKS (included in this packet) filled out by persons who know you and are willing to attest to your good character.

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VOLUNTEER OPPORTUNITIES:

Indicate grade level preference: _____ Kdg.-5 _____ 6-8 _____ 9-12

(Indicate which service/s you would like to provide.)

- _____ After school program
- _____ Bilingual tutor
- _____ Classroom assistant
- _____ Clerical/office assistant
- _____ Field trip chaperone
- _____ Group project leader
- _____ Art/craft
- _____ Chess
- _____ Drama
- _____ Music
- _____ Photography
- _____ Science
- _____ Spelling Bee
- _____ Sports
- _____ Other _____
- _____ Playground assistant
- _____ Library assistant
- _____ Lunchroom assistant
- _____ Mentor
- _____ Summer school assistant
- _____ Tutor (Subject: _____)



Mark the days of the week and time you can volunteer:

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Time of the day when you are available	_____ AM	_____ AM	_____ AM	_____ AM	_____ AM
	_____ PM	_____ PM	_____ PM	_____ PM	_____ PM



VOLUNTEER APPLICATION CHECKLIST

Prior to returning applications to the Volunteer Services, please check for the following:

ON THE APPLICATION

- _____ School in which you wish to work (if known)
- _____ Person's name, address, zip code, phone, and email address
- _____ Social security number
- _____ Date of birth
- _____ Person to notify in case of emergency
- _____ Signature and date on application

FOR CHARACTER REFERENCES

- _____ Names, addresses, and zip codes **OR**
- _____ Three (3) character references returned with the application (see enclosed forms)

ON THE REQUEST FOR CHILD ABUSE AND NEGLECT/CRIMINAL RECORD

- _____ Name and address
- _____ Social security number
- _____ Date and state of birth
- _____ Signature and date

Signature

Date

.....
The St. Louis Board of Education does not discriminate on the basis of race, color, national origin, sex, age, religion, veteran status, creed ancestry, sexual orientation, or disability in the admission of access to its programs and activities. Inquiries regarding compliance with Title VII, Title IX, ADEA, Section 504 of the Rehabilitation Act, The Missouri Human Rights Act, or ADA should be directed to the Human Resource Officer, 801 North 11th Street, St. Louis, MO 63101-1015.
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Thank you!
Your assistance in reviewing the application helps to ensure a speedy response.

RETURN TO:

*St. Louis Public Schools
Office of Community Education
801 North 11th Street
St. Louis, MO 63101-1015*



VOLUNTEER REFERENCE CHECK

_____ has applied for volunteer service with the St. Louis Public Schools. Your name was listed as a reference, and we have been authorized to communicate with you. It will be helpful to receive the following information that will be treated confidentially.

- 1) How long have you known the applicant?
- 2) In what capacity do you know the applicant?
- 3) In your opinion, would this individual be a responsible and reliable participant in our school volunteer program?
- 4) Are you aware of any physical or emotional conditions that might be considered sources of potential difficulty?
- 5) Can you comment on the strength of this applicant?
- 6) Weakness?
- 7) Any other comments or information you think might be helpful will be greatly appreciated.

Signature

Name (Please Print)

Address

City/State/Zip

Phone

Date

Please return to:

Office of Volunteer Services
St. Louis Public Schools
801 North 11th Street
St. Louis, MO 63101

Thank you for your assistance!



VOLUNTEER REFERENCE CHECK

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- 6) Weakness?
- 7) Any other comments or information you think might be helpful will be greatly appreciated.

Signature

Name (Please Print)

Address

City/State/Zip

Phone

Date

Please return to:

Office of Volunteer Services
St. Louis Public Schools
801 North 11th Street
St. Louis, MO 63101

Thank you for your assistance!



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Signature

Name (Please Print)

Address

City/State/Zip

Phone

Date

Please return to:

Office of Volunteer Services
St. Louis Public Schools
801 North 11th Street
St. Louis, MO 63101

Thank you for your assistance!

Missouri State Highway Patrol/Missouri Department of Social Services
REQUEST FOR CHILD ABUSE OR NEGLECT/CRIMINAL RECORD

TYPE OF SERVICE (Check only one) See reverse side for further instructions				
<input type="checkbox"/> (1) Name Search - \$5.00 (Criminal Record and Child Abuse Search) <input type="checkbox"/> (2) Fingerprint Search - \$14.00 (Criminal Record and Child Abuse Search) <input type="checkbox"/> (3) DFS Central Registry Child Abuse Search Only – No Charge				
IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.				
APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)				
MAIDEN NAME		DATE OF BIRTH (MM/DD/YY)		STATE OF BIRTH
				SEX
				RACE
ALIAS NAME(S)		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE /
ADDRESSES FOR PAST 5 YEARS				
STREET	CITY	STATE	STREET	STATE
Have you ever been charged / pled guilty to or been convicted of any criminal act in this state or any state?				
<input type="checkbox"/> YES (Complete section below) <input type="checkbox"/> NO, I have not been charged / pled guilty to or been convicted of any criminal offense in this state or any state.				
DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)
Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in this state or any state?				
<input type="checkbox"/> YES (Complete section below) <input type="checkbox"/> NO, I have not been substantiated as a perpetrator in any child abuse or neglect report..				
DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)
The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.				
SIGNATURE OF APPLICANT (REQUIRED IN INK)			DATE	
SIGNATURE OF CHILD CARE PROVIDER (Required in ink)			DATE	
TITLE OF CHILD CARE PROVIDER			TELEPHONE	
STATE AGENCY			STATE VENDOR OR CONTRACT NO. (If applicable)	
CHECK APPROPRIATE BOX				
<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT <input type="checkbox"/> CHILD CARE RELATED VOLUNTEER <input type="checkbox"/> DFS LICENSURE			<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU <input type="checkbox"/> DMH / DMH VENDOR <input type="checkbox"/> HEALTH CARE	
			<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE <input type="checkbox"/> DYS <input type="checkbox"/> OTHER _____	

RETURN ADDRESS (REQUIRED ON EACH APPLICATION)
 Complete your mailing label below
 Confidential Mail

AGENCY NAME	Mission: St. Louis
ATTENTION	Amanda Diecker
ADDRESS	4366 Manchester Ave
CITY, STATE, ZIP CODE	St. Louis, MO 63110

The purpose of this form is to provide information available to child care agencies including volunteer agencies. The records you receive will be based on the search options you select. The Missouri State Highway Patrol will respond when you choose option 1 or 2. The Missouri Division of Family Services will respond when you choose option 1, 2, or 3. Direct questions regarding criminal records to the Missouri State Highway Patrol (573-526-6153); direct questions regarding child abuse or neglect to the Division of Family Services (573-526-1438, TT: 1-800-735-2466).

The information on this form, and responses generated as a result of this form, are confidential. Any person disclosing the information in violation of 43.540 RSMo. And/or 210.150 RSMo. Is guilty of a class A misdemeanor.

For information on how to participate in the Child Abuse/Neglect Central Registry examination program, submit a written request from the CEO, owner, director, etc. of your child care related group or organization to: **Director, Division of Family Services, P.O. Box 88, Jefferson City, MO 65103.**

PROCESSING FEE SCHEDULE INFORMATION (43.527 AND 43.530 RSMo.)

By checking boxes 1 thru 3 on the front page of this form, the following applies:

1. **Name Search - \$5.00** Provides open records obtained from the Missouri Criminal Record Repository and information from Missouri Division of Family Services' Central Registry.
 - a) Complete the request form.
 - b) Make a check or money order for \$5.00 payable to "State of Missouri Criminal Records System".
 - c) Mail completed form and check or money order to: **Missouri State Highway Patrol, Criminal Records and Identification Division, P.O. Box 568, Jefferson City, MO 65102.**

2. **Fingerprint Search - \$14.00** Provides open and closed records with positive identification obtained from the Missouri Criminal Records Repository and information from Missouri Division of Family Services' Central Registry.
 - a) Complete the request form.
 - b) Obtain fingerprints on: Applicant card FD-258 or Patrol card SHP-152. Official taking fingerprints must verify identity of person fingerprinted with an official id such as a driver's license and sign the card as the person taking the fingerprints. Complete the rest of the card as applicable.
 - c) Make a check or money order for \$14.00 payable to "State of Missouri Criminal Records System".
 - d) Mail completed forms and check or money order to: **Missouri State Highway Patrol, Criminal Records and Identification Division, P.O. Box 568, Jefferson City, MO 65102.**

3. **DFS Central Registry Child Abuse Search Only – No Charge** Provides information obtained from the Division of Family Services Central Registry only. The Division of Family Services (DFS) Central Registry screening will reflect information contained in the DFS database. Any questions about the accuracy of that information should be directed to the DFS office in the residential county of the applicant or the county of employment if the applicant is not a Missouri Resident.
 - a) Complete the request form.
 - b) Mail completed form to: **Missouri Division of Family Services, Background Screening / Investigations Unit, P.O. Box 88, Jefferson City, MO 65103**

OPEN RECORDS – convictions, charges pending, arrests less than thirty days old, and suspended imposition of sentence during probation.

CLOSED RECORDS - charge not filed, not prosecuted, dismissed, or subject found not guilty or suspended imposition of sentence after probation.

SPACE RESERVED FOR SHP/FS RESPONSE STAMP

DFS USE ONLY

FG FH AH AD (IF AH OR AD, MUST PROVIDE RELATIONSHIP) _____

SIGNATURE OF DFS CSW	SIGNATURE OF COUNTY DIRECTOR
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TELEPHONE	REQUESTING COUNTY
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