



**KELVIN R. ADAMS**  
Superintendent of Schools

**RACHEL SEWARD**  
Deputy Superintendent of Institutional Advancement

## Volunteer Services Application Checklist

Please check each application for the following:

- **Application:**

- \_\_\_\_\_ School in which person wishes to work (if known)
- \_\_\_\_\_ Organization 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

- **Character Reference:**

\_\_\_\_\_ MINIMUM one letter of reference filled out and returned with the application

- **Request For Child Abuse or Neglect / Criminal Record:**

- \_\_\_\_\_ Person's name, address
- \_\_\_\_\_ Social security number
- \_\_\_\_\_ Date and state of birth
- \_\_\_\_\_ Signature and date

**Return applications to:**

St. Louis Public Schools  
Office of Institutional Advancement  
ATTN: Volunteer Services  
801 N. 11<sup>th</sup> Street  
St. Louis, MO 63101  
Fax: (314) 345-4581

**Thank you!!**



# 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 databases including Departments of Corrections, court administrations, law enforcement agencies and the Missouri Division of Family Services. In the event that there is an unfavorable response from any of these, I understand that my services may be rejected by the St. Louis Board of Education.

I understand that my status as a volunteer does not allow me to perform research in the schools. Research includes access to privileged or confidential information about staff, student records, or gathering statistical data, interviewing students, administering surveys or taking part in other data collection activities in the schools.

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 clearly)*

SCHOOL: \_\_\_\_\_

Program / Agency / Organization / Congregation: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ *(street)*

\_\_\_\_\_ *(city)*

\_\_\_\_\_ *(state/ zip)*

PHONE/S: *(home)* \_\_\_\_\_ *(work/cell)* \_\_\_\_\_

EMAIL: \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

I currently have a child enrolled in St. Louis Public Schools \_\_\_\_Y \_\_\_\_N

**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 with SLPS in the past?
  - If yes: Year(s) \_\_\_\_\_ School(s) \_\_\_\_\_
- ◆ Education completed:
  - High School \_\_\_\_\_
  - College \_\_\_\_\_
  - PhD \_\_\_\_\_
- ◆ Work experience:
  - Position/s \_\_\_\_\_
- ◆ What faith congregation, if any, are you a member of? (Please use full name, not an abbreviation).  
\_\_\_\_\_



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: \_\_\_\_\_  
\_\_\_\_\_



Provide **ONE** VOLUNTEER REFERENCE FORM. Please have the form completed by someone 18 years or older who is NOT related to you and who can attest to your good character. **(Return it with your application.)**



**VOLUNTEER OPPORTUNITIES:**

**Indicate grade level preference:** \_\_\_\_\_ Kdg.-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-12

**Indicate which service/s you would like to provide:**

- |                                 |                   |
|---------------------------------|-------------------|
| _____ After school program      | _____ Science     |
| _____ Clerical/Office Assistant | _____ Sports      |
| _____ Playground Assistant      | _____ Art/Craft   |
| _____ Library Assistant         | _____ Music       |
| _____ Classroom Assistant       | _____ Drama       |
| _____ Fieldtrip Chaperone       | _____ Chess       |
| _____ Bilingual Tutor           | _____ Photography |
| _____ Mentor                    | _____ Other _____ |
| _____ Tutor (Subject:) _____    |                   |

**Mark the days of the week and times you can volunteer:**

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

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, offender registry, and child abuse search) <input type="checkbox"/> (2) Fingerprint Search - \$14.00 (Criminal record, offender registry, and child abuse search) <input type="checkbox"/> (3) DFS Central Registry Child Abuse Search Only - No Charge	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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**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	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?  
 YES (Complete section below)     NO, I have not been found 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?  
 YES (Complete section below)     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 REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> DFS CONTRACT PROVIDER
<input type="checkbox"/> DFS LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

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

AGENCY NAME	<b>St. Louis Public Schools</b>
ATTENTION	<b>Community Education</b>
ADDRESS	<b>801 North 11th Street</b>
CITY, STATE, ZIP CODE	<b>St. Louis, MO 63101</b>



## 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. The following information 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

\_\_\_\_\_

\_\_\_\_\_  
Date

**Please return to:**  
Office of Volunteer Services  
St. Louis Public Schools  
801 North 11<sup>th</sup> Street  
St. Louis, MO 63101

**Thank you for your assistance!**