



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).

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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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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.)

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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 | ___ 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
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 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 _____ Emergency contact info
- _____ Signature and date on application

✓ **FOR CHARACTER REFERENCES**

- _____ One character reference (**return with the application**)

✓ **ON THE REQUEST FOR CHILD ABUSE AND NEGLECT/CRIMINAL RECORD**

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

* **Disregard all fees.** SLPS will incur for the cost background check.

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 Office, 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 Institutional Services
ATTN: Volunteer Services
801 North 11th Street
St. Louis, MO 63101-1015*

Missouri State Highway Patrol / Missouri Department of Social Services

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

<p>TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions.</p> <p><input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge</p> <p><input checked="" type="checkbox"/> (2) Name Search - \$9.00 (Criminal record, child abuse, or neglect, central registry search)</p> <p><input type="checkbox"/> (3) Fingerprint Search</p> <p style="margin-left: 20px;"><input type="checkbox"/> \$14.00 (Authorized Statute 210.487)</p> <p style="margin-left: 20px;"><input type="checkbox"/> \$20.00 (All other request)</p>	<p>TYPE OF DAYCARE PROVIDER</p> <p><input type="checkbox"/> (1) License</p> <p><input type="checkbox"/> (2) License Exempt</p> <p><input type="checkbox"/> (3) Registered</p>
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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 Children's Division 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"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

<p>COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION)</p> <p style="text-align: center;">Complete your mailing label below Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100%;">AGENCY NAME</td> <td style="text-align: center;">St. Louis Public Schools</td> </tr> <tr> <td>ATTENTION</td> <td style="text-align: center;">Office of Volunteer Services</td> </tr> <tr> <td>ADDRESS</td> <td style="text-align: center;">801 North 11th Street</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td style="text-align: center;">St. Louis, MO 63101-1015</td> </tr> </table>	AGENCY NAME	St. Louis Public Schools	ATTENTION	Office of Volunteer Services	ADDRESS	801 North 11th Street	CITY, STATE, ZIP CODE	St. Louis, MO 63101-1015	<p>SEND FEE & FORM TO:</p> <p>Missouri State Highway Patrol Criminal Records and Identification Division P.O. Box 9500 Jefferson city, MO 65102</p>
AGENCY NAME	St. Louis Public Schools								
ATTENTION	Office of Volunteer Services								
ADDRESS	801 North 11th Street								
CITY, STATE, ZIP CODE	St. Louis, MO 63101-1015								

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 Children's Division 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 Children's Division (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, 589.400, 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, Children's Division, 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 - \$9.00 Provides open records obtained from the Missouri Criminal Record Repository and information from Missouri Children's Division Central Registry.
 - a) Complete the request form.
 - b) Make a check or money order for \$9.00 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 9500, Jefferson City, MO 65102.**
2. Fingerprint Search - \$14.00/\$20.00 Provides open and closed records with positive identification obtained from the Missouri Criminal Records Repository and information from Missouri Children's Division 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/\$20.00 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 9500, Jefferson City, MO 65102.**
3. CD Central Registry Child Abuse Search Only - No Charge Provides information obtained from the Children's Division Central Registry only. The Children's Division (CD) Central Registry screening will reflect information contained in the CD database. Any questions about the accuracy of that information should be directed to the CD 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 Children's Division, 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 - charges not filed, not prosecuted, dismissed, or subject found not guilty or suspended imposition of sentence after probation.

SPACE RESERVED FOR MSHP/CD RESPONSE STAMP



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
(314)345-4581 -- fax

Thank you for your assistance!