



VOLUNTEER APPLICATION

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City, State) (Zip)

E-Mail Address _____

Social Security Number _____

Work Phone _____ Home Phone _____

Employer _____ Job Title _____

Please Check the Appropriate Box:

Parent

Student

(Circle one): University of Missouri, Columbia College, Stephens College, High School, Junior High School, Middle School, or Elementary School.

Are you volunteering through a program? Yes No

(Circle one): Greek Link, A Way with Words, Service Learning, or Caring Communities

Other program: _____

Community Volunteer

Are you retired? Yes No

Are you involved in Partners In Education? Yes No

If yes, name of business: _____

Preferred School/Placement School _____

Give reference of two persons, not relatives, who know you personally:

Name	Telephone Number	Occupation
1.	_____	_____
2.	_____	_____

If needed, can you supply information attesting to your good health? Yes No

In order to ensure the safety of Columbia's children, I hereby certify that the information provided, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omissions of facts shall be cause for ending my volunteer opportunities. I understand that the Criminal Record Check and the Child Abuse/Neglect Screening forms will be sent to the Missouri State Highway Patrol/Missouri Department of Social Services for processing.

I understand the Columbia Public Schools volunteer program is a "school-based" program. All volunteering through this program will occur at the school site.

Date _____ Signature of Applicant _____

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

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - \$9.00 (Criminal record, child abuse, or neglect, central registry search) <input type="checkbox"/> (3) Fingerprint Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
--	--

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 _____

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

AGENCY NAME Columbia Public Schools
ATTENTION School-Community Programs
ADDRESS 555 Vandiver Drive
CITY, STATE, ZIP CODE Columbia, MO 65202

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 SURVEY FORM

Name _____

Phone # _____

I WOULD LIKE TO:

- | | |
|---|--|
| _____ Assist in the Classroom | _____ Work with small groups of children |
| _____ Work with an individual child/adult | _____ Work in the media center |
| _____ Work in the health room | _____ Make posters and displays |
| _____ Prepare instructional materials | _____ Assist in the lunchroom |
| _____ Assist on the playground | _____ Assist with computer instruction |
| _____ Assist in vocational/academic areas | _____ Clerical Work |
| _____ Speak to classes on my specialty, which is: _____ | |
| _____ Other: (Please Specify) _____ | |

I CAN HELP:

_____ At Home

_____ At School

I AM AVAILABLE:

_____ (hrs.) Once A Week

_____ (hrs.) Twice A Week

_____ (hrs.) Daily

_____ (hrs.) Other _____

If at all possible, indicate the time you can spend in the school. For example: 9:00 to 11:00 a.m.

Available Time:

Morning

Afternoon

Evening

Monday

Tuesday

Wednesday

Thursday

Friday