

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - (\$12.00) and CD Central Registry Child Abuse Search <input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse 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
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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 _____

COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail	SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson city, MO 65102
AGENCY NAME Saint Louis Public Schools	
ATTENTION Office of Volunteer Services	
ADDRESS 801 N. 11th Street	
CITY, STATE, ZIP CODE St. Louis, MO 63101	



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!



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Signature

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Address

City/State/Zip

Phone

Date

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St. Louis Public Schools
801 North 11th Street
St. Louis, MO 63101

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FAITH-BASED INITIATIVE 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 / Church: _____

NAME: _____

ADDRESS: _____ (street)

_____ (city)

_____ (state/ zip)

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

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 _____
- ◆ Education completed:
 - High School _____
 - College _____
 - 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: _____



Provide ONE VOLUNTEER REFERENCE FORM. Please have the form completed by a person 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
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 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 Institutional Advancement
ATTN: Volunteer Services
801 North 11th Street
St. Louis, MO 63101-1015
(314)345-4581 – FAX*