6th Grade Volunteer Sheet (2015-16)

Name: ______________________________  e-mail address: __________________________
Phone: (home) ________________________  (cell) ________________________________
Student’s Name(s): ________________________________

Would you be interested in possibly helping out with your student’s Science trip this fall? If so please read through the list of events that occur at camp and see which you might be interested in assisting in. Check any that you might be interested in helping out with during this year’s Science camp. Once we have more information we will send out more information to confirm if the date and time will work for you.

Please check any of the following you might be interested in helping with during the 2015-16 camp.

( ) Archery: Assisting teachers with keeping the students safe while they are learning about archery.

( ) Hiking: Assisting teachers on a hike through nature.

( ) Setting Up tents: Assisting teachers showing students how to set up their tents for a night’s sleep.

( ) Fishing: Assisting students with baiting hooks and releasing fish.

( ) Food Set-up: Assisting in setting up for meal time.

( ) Over night: Interested in staying overnight at the camp grounds.

Please check which of the following times might be best when helping out during the 2015-16 camp.

( ) All Day

( ) Morning Only

( ) Afternoon Only

( ) Over Night

Thank you for your willingness to help! Please submit this form to your student’s Science teacher.

Questions: Contact Sheila Schmidt (Team Storm Runners) or Erin Eskridge (Team Tsunami) at 214-3210
VOLUNTEER APPLICATION

Name 
(Last) (First) (Middle)

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

E-Mail Address

Work Phone Home Phone

Employer Job Title

Please Check the Appropriate Box:

- Parent/Guardian
- Family Member: Example: Grandparent, aunt, uncle, sibling
- Student (Circle one):
  1. University of Missouri
  2. Columbia College
  3. Stephens College
  4. Middle School
  5. Elementary School
  5. Other

Are you volunteering through a program? YES NO
If yes, circle one below:

1. Greek Link
2. A Way with Words
3. Service Learning
4. Caring Communities
5. Other

Mentor or Tutor Program Name

Community Volunteer: Are you retired? Yes No
Are you involved in Partners in Education? Yes No
If yes, name of business:

PREFERRED SCHOOL OR PROGRAM Jefferson Middle School

If you have already made contact for placement, please provide the employee name and school/program below:

6th Grade Camp

Community Relations, Columbia Public Schools, Aslin Building, 1818 West Worley, Columbia, MO 65203
Phone: (573) 214-3960 www.cpsk12.org/volunteer

Revised 7/15
Give reference of two persons, not relatives, who know you personally:

1. __________________________  Phone  __________________________  Occupation
   Name                          Phone                          Occupation

2. __________________________  Phone  __________________________  Occupation
   Name                          Phone                          Occupation

If needed, will 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 __________________________
**REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD**

**TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions.**

- [ ] (1) CD Central Registry Child Abuse Search Only - No Charge
- [ ] (2) Name Search - CD (210.487) and CD Central Registry Child Abuse Search
- [ ] (3) Fingerprint Search & CD Central Registry Child Abuse Search
  - [ ] $200 (Authorized Statute 210.487)
  - [ ] $500 (All other request)

**TYPE OF DAYCARE PROVIDER**

- [ ] (1) License
- [ ] (2) License Exempt
- [ ] (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, M., Jr., Sr., III)**

<table>
<thead>
<tr>
<th>MAIDEN NAME</th>
<th>DATE OF BIRTH (MM/DD/YY)</th>
<th>STATE OF BIRTH</th>
<th>SEX</th>
<th>RACE</th>
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<tr>
<th>ALIAS NAME(S)</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>DRIVER'S LICENSE NUMBER / STATE</th>
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**ADDRESSES FOR PAST 5 YEARS**

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<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>STREET</th>
<th>CITY</th>
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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.

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<thead>
<tr>
<th>DATE</th>
<th>CITY</th>
<th>STATE</th>
<th>COUNTY</th>
<th>CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)</th>
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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.

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<tr>
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<th>COUNTY</th>
<th>CIRCUMSTANCES (Attach separate page, if necessary.)</th>
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The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsely 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)**

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**SIGNATURE OF REQUESTOR (Required in ink)**

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**TITLE OF CHILD CARE PROVIDER**

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<th>TELEPHONE</th>
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**STATE AGENCY**

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<th>STATE VENDOR OR CONTACT NO. (If applicable)</th>
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**CHECK APPROPRIATE BOX**

- [ ] CHILD CARE RELATED EMPLOYMENT  
- [ ] DOH / CCB CHILD CARE BUREAU  
- [ ] SCHOOLS / PUBLIC AND PRIVATE
- [ ] CHILD CARE RELATED VOLUNTEER  
- [ ] DMH / DMH VENDOR  
- [ ] CD CONTRACT PROVIDER
- [ ] CD LICENSURE  
- [ ] HEALTH CARE  
- [ ] OTHER

**COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION)**

- Complete your mailing label below
- Confidential Mail

**AGENCY NAME**

- Columbia Public Schools - Community Relations

**ATTENTION**

- Molly Delgado

**ADDRESS**

- 1818 W. Wortley Street

**CITY, STATE, ZIP CODE**

- Columbia, MO 65203

**SEND FEE & FORM TO:**

- Missouri State Highway Patrol
- Criminal Justice Information Services Division
- P.O. Box 9500
- Jefferson City, MO 65102

**MO 821-0353 (9-13)**
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 2 or 3. 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. 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.

2. Name Search - $11.00  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 $11.00 payable to “State of Missouri Criminal Records System.”
   c) Mail completed form and check or money order to: Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.

3. Fingerprint Search - $14.00/320.00  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 payable to “State of Missouri Criminal Records System.”
   d) Mail completed forms and check or money order to: Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.

**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