



# Volunteer Registration Form Wentzville School District

## Form A

**Volunteers are required to provide the local building principal or designees with a completed Volunteer Registration Form**

<hr/> <b>First Name</b>	<hr/> <b>Middle</b>	<hr/> <b>Last Name</b>
<hr/> <b>Current Home Address</b>		<hr/> <b>City</b>
<hr/> <b>State</b>		<hr/> <b>ZIP</b>
Home Phone <input type="radio"/> Cell Phone <input type="radio"/>		Home Phone <input type="radio"/> Cell Phone <input type="radio"/>
<hr/> <b>Phone</b>	<hr/> <b>Alternate Phone</b>	
<hr/> <b>E-mail Address</b>	I have students in this District <input type="checkbox"/>	I am <b>NOT</b> associated with a student in this District <input type="checkbox"/>
<hr/> <b>School(s) Where Volunteering</b>	<hr/> <b>Primary Area Where Volunteering</b>	
<hr/> <b>Volunteer Signature</b>	<hr/> <b>Date</b>	

**Please List Your Student's Name(s) or Organizations You Will Volunteer With**

<hr/> <b>Student/Organization Name</b>
<hr/> <b>Teacher/Sponsor</b>
<hr/> <b>Student/Organization Name</b>
<hr/> <b>Teacher/Sponsor</b>
<hr/> <b>Student/Organization Name</b>
<hr/> <b>Teacher/Sponsor</b>

**OFFICE USE ONLY**

DSS CHILD ABUSE SCREENING

SEX OFFENDER REGISTRY CHECK

FBI/HIGHWAY PATROL FINGERPRINT CHECK

VOLUNTEER LEVEL I  II

INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

**VOLUNTEER DISCLAIMER:** The Wentzville School District welcomes and encourages volunteerism in the public schools. Often when volunteers give their time, they may be exposed to information of a delicate, sensitive nature. It is imperative that such information remain confidential, as a breach of such confidentiality may place the school district and the individual causing the breach in a position of liability. Furthermore, such a breach of confidentiality may result in a lawsuit against the district and the individual. Any breach of confidentiality or other conduct with may potentially harm, embarrass, or otherwise violate the trust relationship established in the volunteer program, may result in the termination of the volunteer arrangements entered into between the District and the individual.

Missouri State Highway Patrol

**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 - (\$13.00) and CD Central Registry Child Abuse Search

(3) Fingerprint Search & CD Central Registry Child Abuse Search

\$14.00 (Authorized Statute 210.487)

\$20.00 (All other request)

**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
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ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE
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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
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SIGNATURE OF REQUESTOR (Required in Ink)	DATE
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TITLE OF CHILD CARE PROVIDER	TELEPHONE
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STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)
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CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / COB CHILD CARE BUREAU	<input checked="" type="checkbox"/> <b>SCHOOLS / PUBLIC AND PRIVATE</b>
<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 FORM TO:

**Wentzville School District Name and Phone Number**

AGENCY NAME	
ATTENTION	WENTZVILLE SOUTH MIDDLE SCHOOL
ADDRESS	561 E. HWY N
CITY, STATE, ZIP CODE	WENTZVILLE MO 63385
	636-327-3928