

\*\*\*\*\*Please Print Legibly—Allow 2 weeks for processing\*\*\*\*\*



# Volunteer Application

Attn: Waynesville School District  
Community Resource Office (CRO)  
12225 Pulaski Ave.  
Fort Leonard Wood, MO 65473  
(573) 842-2250 / [community@waynesville.k12.mo.us](mailto:community@waynesville.k12.mo.us)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City, State & Zip Code

Best Contact Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Select your affiliation with the Waynesville R-VI school district:

- Parent       Student       PIE Unit: \_\_\_\_\_       Other: \_\_\_\_\_

### Select school(s) where you want to volunteer:

- East Elementary     Freedom Elementary     Partridge Elementary     Thayer Elementary     Wood Elementary  
 Waynesville Six Grade Center     Waynesville Middle School     Waynesville High School     Williams Early Childhood Center

### Select your current military affiliation:

- Active Duty       Veteran       Military Dependent       Family member of veteran       N/A

### Type of Volunteer Work Preferred: (mark all that apply)

- Assist in Classroom       Clerical Work       Work in Library       Snack in a Pack  
 WayConnect Mentor       Field Trip       PIE Partner       Screened Volunteer\*

Are you interested in serving as an AmeriCorps/VISTA member?  YES     NO

### Background Check Policy

**Volunteers and chaperones must complete a background check (submitted by the school district) each school year.** Background checks help ensure the safety of everyone in our schools, and are processed at no cost to you. **Both sides/pages of this application must be completed in order to be processed.** Volunteers will be contacted and notified via email when their application has been approved, therefore it is important that the email address provided is legible.

### \* Screened Volunteer

Any person who assists schools by providing uncompensated service and who may be periodically left alone with students. A volunteer who is not screened cannot be left alone with a student. The Waynesville R-VI School District requires additional screenings to become a screened volunteer and will make these requests of individuals willing on an as needed bases.

### Student and staff volunteers

No background check required. Contact the Community Resource Office for any questions. Tel. (573) 842-2250. Email: [community@waynesville.k12.mo.us](mailto:community@waynesville.k12.mo.us)

To the best of my knowledge, I am in good health and free from any disease which may be communicated to any child whom I might be in contact and have no past record of negative nature that might cause doubt upon the appropriateness of me working with children.

Signature: \_\_\_\_\_

**ALL VOLUNTEERS ARE REQUIRED TO FOLLOW DISTRICT POLICIES AND PROCEDURES**

# Please Print Legibly



Missouri Department of Health and Senior Services  
Family Care Safety Registry

CRO USE ONLY

RETURN TO THE COMMUNITY RESOURCE OFFICE, VOLUNTEER  
COORDINATOR 12225 PULASKI AVE, BLDG 8041, FORT LEONARD  
WOOD, 65473 OR RETURN TO YOUR CHILD'S SCHOOL

## WORKER REGISTRATION

**REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)**

- Adoptive Parent (Agency Name: \_\_\_\_\_)
- Child Care
- Foster Parent/Family Member of Foster Parent (County Office: \_\_\_\_\_)
- Hospital
- Long Term Care/Personal Care (Please choose subcategory at right →.)
- Mental Health/Psychiatric Hospital
- Voluntary (Select voluntary if no other registration type applies.)

**Long Term Care / Personal Care Subcategories (Complete if LTC/PC selected at left.)**

- Adult Day Care
- Assisted Living Facility
- Hospice
- Hospital LTAC/Swing Bed
- Mental Health – Residential Facility/ICF
- Nursing Facility/Skilled Nursing
- Personal Care – Adult Day Care
- Personal Care – In Home Services
- Personal Care – Consumer Directed Services/Center for Independent Living
- Personal Care – HCY/PDW/DDD/Other

**Waynesville R-VI School District will not disclose any confidential information to any other party except as allowed. Waynesville R-VI School District is authorized to keep this form on file.**

Register only once. If you believe you have already registered, check our website at [www.health.mo.gov/fcsr](http://www.health.mo.gov/fcsr) or call our toll free, 866-422-6872.

**SOCIAL SECURITY NUMBER (Mail copy of card with form.)**

— —

**PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)**

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (Jr., Sr., II, III)
MAIDEN NAME (If applicable)	PRIOR NAMES USED (If applicable, list first and last names.)	DATE OF BIRTH (mm-dd-yyyy)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

**CONTACT INFORMATION**

MAILING ADDRESS (Enter your street address or post office box. This address must be different from Employer Address.)

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE ( ) -	EMAIL (Optional)	COUNTRY (Complete only if U.S. territory/outside U.S.)	

**EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)**

<input type="checkbox"/> My current/potential child care, long term care or mental health care employer is:	<input checked="" type="checkbox"/> No Employer, because I am a(n):	
EMPLOYER NAME	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent/Family Member <input type="checkbox"/> Home Child Care Provider <input type="checkbox"/> Private Pay/Private Duty <input type="checkbox"/> Student <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain: _____)	
EMPLOYER ADDRESS		
EMPLOYER CITY		
EMPLOYER TELEPHONE ( ) -		EMPLOYER CONTACT NAME

**REGISTRATION AGREEMENT**

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 my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

**NOTICE:** The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

**SIGNATURE OF APPLICANT (Must be signed in blue or black ink.)**      **DATE OF SIGNATURE (Must be within six months of submission.)**



- -