



CRO USE ONLY

RETURN TO THE COMMUNITY RESOURCE OFFICE'S, VOLUNTEER  
COORDINATOR 12751 PULASKI AVE, BLDG 8021, 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 – In-Home Services
- Personal Care – Consumer Directed Services/Center for Independent Living
- Personal Care – HCY/PDW/DDD/Other

Not Applicable

**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/safety/fcsr](http://www.health.mo.gov/safety/fcsr) or call, toll free, 866-422-6872.

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

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**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
EMPLOYER ADDRESS	<input type="checkbox"/> Foster Parent/Family Member
EMPLOYER CITY STATE ZIP	<input type="checkbox"/> Home Child Care Provider
EMPLOYER TELEPHONE ( ) -	<input type="checkbox"/> Private Pay/Private Duty
EMPLOYER CONTACT NAME	<input type="checkbox"/> Student
EMPLOYER CONTACT TITLE	<input checked="" type="checkbox"/> Volunteer
	<input type="checkbox"/> Other (Explain: _____)

Not Applicable

**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.)**

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**Select your affiliation with the  
Waynesville R-VI School District:**

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

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

- East
- Freedom
- Partridge
- Thayer
- Wood
- Waynesville Sixth 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

**Are you currently enrolled in college?**

- YES
- NO

**Are you interested in serving as an  
AmeriCorps/VISTA member?**

- YES
- NO

**What type of opportunities interest you?**

- Tutoring
- Decorating
- Fundraising
- Library
- Snack in a Pack
- Other: \_\_\_\_\_

**Talent and Skills:** \_\_\_\_\_

**Background Check Policy**

Volunteers and chaperones must complete a background check each year. Background checks help ensure the safety of everyone in our schools, and are processed at no cost to you.

**Log into My Volunteer Page**

1. Go to [www.myvolunteerpage.com](http://www.myvolunteerpage.com)
2. Enter your username and password.

**Find Opportunities**

Click the “Opportunities” tab. Call the Volunteer Office if you are interested in an opportunity but need help signing up.

**Log Your Hours!**

When you log your hours, you help your school be competitive for grant funding. Logging your hours online is fast and easy.

1. Log into My Volunteer Page.
2. Click the “Hours” tab.
3. Enter your school’s name.
4. Select the activity.
5. Enter the date and time.
6. Fill out the appropriate feedback fields.
7. Click “Save.”

*Student volunteers can create a profile and log hours online. They do not need a background check. Contact the Community Resource Office for help if needed.*

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

**\*\*\*Please allow 2 weeks for processing**

**Courtney Long**

**Community Resource Office Director  
(573) 842-2250**

**[community@waynesville.k12.mo.us](mailto:community@waynesville.k12.mo.us)**

# VOLUNTEER Background Check Application Form



Waynesville R-VI School District  
requires adult volunteers to complete  
background checks annually.

**Community Resource Office  
Pick Educational & Volunteer Facility  
12751 Pulaski Ave, Bldg. 8021  
Fort Leonard Wood, MO 65473**