



Applicant Prerequisites

- Must be 18 years of age or older (unless accompanied by an adult)
- Must pass a criminal background check conducted by Marygrove
- Must attend and participate in Marygrove’s volunteer training

Volunteer Application

Date: _____

Title: _____ First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Type: Cell Home Work

Secondary Phone Number: _____ Type: Cell Home Work

Email Address: _____

May we add you to our mailing list? Yes No

Preferred method of contact: Email Phone

Have you ever been convicted of or pleaded guilty to a felony or misdemeanor (other than a parking violation)? Yes No

If yes, please provide in detail the date, place, and an account of the circumstance surrounding the allegation(s). If disclosed, this will not necessarily disqualify you from volunteering.

Did any administrative or judicial proceedings arise out of the allegation(s)? Yes No

Are you under the supervision of any federal, state, or local jurisdiction because of the allegation(s) of child abuse? Yes No

When are you available to volunteer?

Note: Our normal business hours are Monday through Friday from 8am to 4:30pm. Evening and weekend opportunities are very limited.

- | | | | |
|------------------------------------|-------------|-----------------------------------|-------------|
| <input type="checkbox"/> Monday | Time: _____ | <input type="checkbox"/> Friday | Time: _____ |
| <input type="checkbox"/> Tuesday | Time: _____ | <input type="checkbox"/> Saturday | Time: _____ |
| <input type="checkbox"/> Wednesday | Time: _____ | <input type="checkbox"/> Sunday | Time: _____ |
| <input type="checkbox"/> Thursday | Time: _____ | | |

How often would you like to volunteer? Explain, if necessary:

Do you need to complete a certain number of hours? Yes No

If yes, how many? _____ What date must they be completed by? _____

Hours required for: _____

Skills and interests: *Check all that apply.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Providing event support |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Sorting donations | <input type="checkbox"/> Coordinating a collection |
| <input type="checkbox"/> Assembling mailings | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Your own idea: _____ |
| <input type="checkbox"/> Graphic design | | |

Why are you interested in volunteering at Marygrove?

Do you have any experience volunteering? If so, please specify.

What qualities, skills or attributes do you feel you have that would benefit Marygrove?

Other comments/notes:

How did you hear about Marygrove's Volunteer Program?

References

Please provide three (3) character references we may contact on your behalf. The information you provide will remain strictly confidential.

Reference #1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship: _____ Years Known: _____

Email Address: _____

Reference #2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship: _____ Years Known: _____

Email Address: _____

Reference #3

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship: _____ Years Known: _____

Email Address: _____

I grant permission to Marygrove to contact, in connection with this application and periodically, thereafter, the Missouri Division of Family Services and any governmental agencies, organizations, corporations, entities, or individuals that deems necessary in order to verify the continued accuracy of any information given in connection with this application to agree to complete in connection with this child abuse/neglect screening form to be submitted to the Missouri Department of Social Services.

Signature _____ Date _____

Please submit this completed application by mail, email or fax to:

Laura Rau, Manager of Volunteer Programs

2705 Mullanphy Lane | Florissant, MO 63031

lrau@mgstl.org | Direct (314) 830-6286 | Fax (314) 830-6263

Include a copy of your Driver's License and Social Security card*

**A copy of your social security card can be obtained from the Social Security Administration.*

Please be advised that submission does not guarantee placement

Agency Use Only:

Received: _____

Contacted: _____

Start Date: _____

Placement: _____



Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102.

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 – Home Health
- Personal Care – In-Home Services
- Personal Care – Consumer Directed Services/Center for Independent Living
- Personal Care – HCY/PDW/DDD/Other

A one-time registration fee of **\$12.00** applies to all categories except Foster Parents. Foster Parents must list the Children’s Division county office.

Register only once. If you believe you have already registered, check our website at 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 ADDRESS (Required) COUNTRY (Complete only if 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 type="checkbox"/> No Employer, because I am a(n):
EMPLOYER NAME Marygrove	<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 type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain: _____)
EMPLOYER ADDRESS 2705 Mullanphy Lane	
EMPLOYER CITY STATE ZIP Florissant MO 63031	
EMPLOYER TELEPHONE EMPLOYER CONTACT NAME EMPLOYER CONTACT TITLE (314) 830 - 6290 Sharon Richardson HR Coordinator	

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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WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Health and Senior Services
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select "Voluntary." (A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 *et seq.*, RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Family Care Safety Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right.

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM? **Your completed form should be sent directly to Marygrove.**

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102.** If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872.**

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. *Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcscr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.*

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the *transfer* of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the *substance* of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).