



Volunteer Registration Wentzville R-IV School District

FORM A

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

Print Name	First	Middle	Last	

Home Address	City		State	ZIP

Home Phone	Other Phone			

Email Address	School Where Volunteering			

Students Name(s)

Teacher

Volunteer Signature

Date

OFFICE USE ONLY	
DSS Child Abuse Screening	<input type="checkbox"/>
Sex Offender Registry Check	<input type="checkbox"/>
FBI/Highway Patrol Fingerprint Check	<input type="checkbox"/>
Volunteer Level _____	
Initial _____ Date _____	

VOLUNTEER DISCLAIMER: The Wentzville R-IV 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 which 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. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search <input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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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) <i>Sandra M. Reininger</i>	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 / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<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 FEE & FORM TO: Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson city, MO 65102
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AGENCY NAME	<i>Liberty High School</i>
ATTENTION	<i>Sandra Reininger</i>
ADDRESS	<i>2275 Sommers Rd.</i>
CITY, STATE, ZIP CODE	<i>Lake St. Louis, MO 63367</i>

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