LONEDELL R-14 SCHOOL DISTRICT

Success; Nothing Less!

Volunteer Instructions

If you would like to participate in classroom parties, chaperone field trips, or volunteer at the school, you must be on the Active Volunteer List.

The attached forms and the following items must be returned to the Elementary Office:

- *Submit a copy of your **Social Security Card** and **Driver's License**.*
  (Only need to be submitted the first year to keep with your volunteer records.)
- *Submit the **$15.25 background check fee***
  ($14 registration fee plus $1.25 online processing fee). Amount is only due the first time you register with the MO DHSS. If you are unsure if you are already registered, you may call Tiger Dierker at 629-0401. Or, you may send the payment in and we will return it if not needed. Cash is accepted, or you may **make checks payable to: Lonedell R-14 School District**. We will register you online to expedite the process.
- Effective October 2015, **you must list a personal email address** in order to register online.

After you return the above items to the Elementary Office, you will be required to view the Smarter Adults, Safer Children training video. Instructions for the training will be given to you at that time.

It may take two months or longer for the background check results. You will not be placed on the Active Volunteer List until everything is complete and we have received your background check results from the Missouri Department of Health and Senior Services.

In order to attend parties, field trips & 8th grade festivities, completed packets must be returned by. . .

The last school day in May each year
or by August 31st of the next school year.

Thank you for helping us to protect our students!

7466 Hwy. FF Lonedell, MO 63060 Phone: (636)629-0401 Fax: (636)629-5561 www.lonedell.org

Volunteer Registration and Survey Application

Name: _____ Date: _____
Last First

Address: _____
Street City, State & Zip Code

Home Phone: _____ Daytime Phone: _____ Cell #: _____

Email Address: (**Required**) _____

Names and Grade Levels of student(s) you will be attending functions with _____

_____

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

- ☐ Participate in class parties
- ☐ Attend field trips
- ☐ Assist teacher (laminating, cutting, etc...)
- ☐ Work with individual child
- ☐ Work with small groups of children
- ☐ Assist in classroom

- ☐ Speak to a class on my specialty, which is: _____
- ☐ Demonstrate my talent to a class, which is: _____

Grade Levels or Teachers Preferred: _____

Times available (mark all that apply)

	Morning	Afternoon	All Day
Monday	☐	☐	☐
Tuesday	☐	☐	☐
Wednesday	☐	☐	☐
Thursday	☐	☐	☐
Friday	☐	☐	☐

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: _____ Date: _____

Volunteer Agreement and Confidentiality

Volunteer Agreement:

1. I will protect the privacy rights of all students and, therefore will not release in written, oral, or electronic form any personally identifiable information regarding any student.
2. I will not directly or indirectly contact the parents, guardians, or students without first receiving written permission to do so from the Administration or designee of the program in which I am working.
3. I will abide by and adhere to the policies and procedures of the Lonedell R-14 School District, and in doing so, will follow instructions of, and cooperate with, school personnel including teachers, secretaries, aides, assistants, custodians, food services workers, and bus drivers.
4. I will not authorize any other person to act or serve as my substitute.
5. I will not bill the Lonedell R-14 School District for any charges incurred as a result of my serving as a volunteer.
6. I will notify the Volunteer Coordinator or Administration of my intention to terminate this agreement if the termination is to become effective prior to the last day of the current school year.
7. I understand the Lonedell R-14 School District reserves the right to terminate this agreement upon notification prior to the last day of the current school year.
8. I understand that I am not an employee of the Lonedell R-14 School District and that the District is not responsible for any medical expenses incurred and/or any workers' compensation claims, which my accrue while under this agreement.
9. The Lonedell R-14 School District reserves the right to obtain a background check at its discretion.

Confidentiality Obligations of the Volunteer:

I agree to hold information, whether in verbal or written form, concerning any child or his/her family as confidential and privileged by law. I agree not to divulge information without the proper authorization, in accordance with state statute 610.010 et seg., R.S. MO, the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g, the Individuals with Disabilities in Education Act, 20 U.S.C. 1400 et seg., and interagency agreements. I understand that release of information in verbal, written, or electronic form to any unauthorized person(s) is forbidden and may be grounds for legal and/or disciplinary action.

During the performance of my assigned duties, I will have access to confidential information, and records required for effective child and family service coordination and delivery. I agree that all discussion, deliberations, information, and records generated or maintained in connection with these activities will be handled and stored appropriately and will not be disclosed to any unauthorized person(s).

My signature below indicates that I am in agreement with and will adhere to the above provisions.

Printed Name: _____

Signature: _____ Date: _____

Volunteer Release Waiver

Name: _____

Address: _____

_____

Phone: (Home) _____ (Cell) _____

Email: (**Required**)_____

I agree that upon completion of all requirements for the Lonedell R-14 Volunteer Program, my name may be added to the automatic renewal list.

I understand that by signing this waiver I am giving permission for the volunteer coordinator to complete a background screening and add my name to the Safe Schools/Vector Solutions website to view the required annual safety video each year until I request in writing that I be removed from the volunteer list.

I understand that it is my responsibility to inform the volunteer coordinator of any changes in my personal information including my address, phone number and emergency contact when they occur.

I agree to adhere to the confidentiality and volunteer agreements that I signed in my original volunteer packet.

I am aware that my volunteer privileges may be restricted or revoked at any time should circumstances deem necessary.

_____

Printed Name

_____ _____

Signature Date

Volunteer Emergency Information

Date: _____

Name: _____

Address: _____

_____

Email: _____

Telephone #: _____

In Case of Emergency, Notify: _____

_____

_____

Doctor: _____

Telephone #: _____

Medical Conditions we should be aware of (i.e. Asthma, Diabetes) _____

_____

_____

Allergies: _____

Hospital of Preference (in case of emergency): _____

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
FAMILY CARE SAFETY REGISTRY

WORKER REGISTRATION

FCSR USE ONLY

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.

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.)*

A one-time registration fee of **$14.00** 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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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

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
			☐ M ☐ 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.)

☐ My current/potential child care, long term care or mental health care employer is:

EMPLOYER NAME		
LONEDELL R-14 SCHOOL DISTRICT		
EMPLOYER ADDRESS		
7466 HIGHWAY FF		
EMPLOYER CITY	STATE	ZIP
LONEDELL	MO	63060

EMPLOYER TELEPHONE	EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE
(636) 629-4974	TIGER DIERKER	

☐ No Employer, because I am a(n):

- ☐ Adoptive Parent
- ☐ Foster Parent/Family Member
- ☐ Home Child Care Provider
- ☐ Private Pay/Private Duty
- ☐ Student
- ☐ Volunteer
- ☐ Other (Explain:)

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	DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)