



Adult Volunteer Application

Branch Submitting: _____

Print Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ E-mail: _____

Age: _____ Birth date: / / Do you have any special needs? _____

In case of an emergency, contact: _____ Home phone: _____

Work phone: _____ Their relationship to you: _____

PLEASE PRINT FILL IN COMPLETELY

What length of service do you plan on contributing? **Short Term** (fulfilling requirement only) _____
Long Term (would like to volunteer regular hours every month) _____ **Undecided** _____

Have you volunteered for the St. Louis Public Library before? (When and where?) _____

List any Volunteer experience: _____

Work experience: _____

In what activities would you like to participate? (Please highlight **all** that apply)
Daily Branch Activities... Mass Mailings (conducted Downtown)... Clerical ...Special Events (author visits, festivals)... Storytelling... Homework Helper.... Tours (Downtown)...Computer help.....Children's programs... Research...GED...English as a Second Language...Other _____

Do you have hobbies or skills that you would like to share as a volunteer? _____

Do you speak any languages in addition to English? _____ Please list _____

Are you fulfilling a requirement? How many hours do you need to fulfill the requirement? _____

With which agency/school are you working? _____

By what date must you complete these hours? _____

What day(s) & time(s) are you available? _____

Which Library Branch would you prefer? 1st request _____ 2nd request _____

Date: / /

Volunteer Signature

All individuals who are 18 years old or older must fill out and return with this application the form titled “Request for Child Abuse or Neglect /Criminal Record” that is included in this packet.

(OVER) (Turn this sheet over to read and sign the Volunteer Agreement form.) **(OVER)**



VOLUNTEER AGREEMENT

If accepted into the volunteer program, I agree to:

1. Keep private any confidential information that I obtain directly or indirectly.
2. Become familiar with the Library's mission statement, core values, policies, pertinent procedures, and volunteer standards.
3. Be on time, properly dressed, courteous, and respectful, follow the sign-in procedures, and do my best at all times.
4. Give my Supervisor prior notice if I cannot work as scheduled. When I end my service, I will give my Supervisor prior notice of my last day.
5. Acknowledge the fact that my donated services to the Library do not guarantee compensation or future employment.
6. Attend orientation and training sessions as scheduled and complete an evaluation form when requested.
7. Ask my Supervisor questions about things I don't understand or if I am not clear about my duties.
8. Perform my assigned duties in a timely manner and call my immediate Supervisor when conflicts with my schedule arise.
9. Contact the Volunteer Services Coordinator at 539-0345 if any conflicts with my immediate Supervisor can not be resolved.
10. I understand that the Volunteer Services Coordinator or the Branch/Department Manager have the right to end my service due to:
 - a. Failure to adhere to policies and procedures.
 - b. Absences without prior notification.
 - c. Poor attitude, service or appearance.
 - d. Reason(s) that would make my continued service harmful to the organization in the opinion of my immediate Supervisor and the Volunteer Services Coordinator.

Date: / /

(Applicant Signature)

ALL INFORMATION SUPPLIED TO THE LIBRARY IS KEPT CONFIDENTIAL

ALL APPLICANTS ARE REQUIRED TO SUPPLY TWO REFERENCES

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 - (\$12.00) 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	
ALIAS NAME(S)	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE /		
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
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

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 _____

<p style="text-align: center;">COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION)</p> <p style="text-align: center;">Complete your mailing label below Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">AGENCY NAME</td></tr> <tr><td style="padding: 5px;">ATTENTION</td></tr> <tr><td style="padding: 5px;">ADDRESS</td></tr> <tr><td style="padding: 5px;">CITY, STATE, ZIP CODE</td></tr> </table>	AGENCY NAME	ATTENTION	ADDRESS	CITY, STATE, ZIP CODE	<p>SEND FEE & FORM TO:</p> <p>Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson city, MO 65102</p>
AGENCY NAME					
ATTENTION					
ADDRESS					
CITY, STATE, ZIP CODE					

The purpose of this form is to provide information available to child care agencies including volunteer agencies. The records you receive will be based on the search options you select. The Missouri State Highway Patrol will respond when you choose option 2 or 3. The Missouri Children's Division will respond when you choose option 1, 2, or 3. Direct questions regarding criminal records to the Missouri State Highway Patrol (573-526-6153); direct questions regarding child abuse or neglect to the Children's Division (573-526-1438, TT: 1-800-735-2466).

The information on this form, and responses generated as a result of this form, are confidential. Any person disclosing the information in violation of 43.540, 589.400, RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

For information on how to participate in the Child Abuse/Neglect Central Registry examination program, submit a written request from the CEO, owner, director, etc. of your child care related group or organization to: **Director, Children's Division, P.O. Box 88, Jefferson City, MO 65103.**

PROCESSING FEE SCHEDULE INFORMATION (43.527 AND 43.530 RSMo.)

By checking boxes 1 thru 3 on the front page of this form, the following applies:

1. CD Central Registry Child Abuse Search Only - No Charge Provides information obtained from the Children's Division Central Registry only. The Children's Division (CD) Central Registry screening will reflect information contained in the CD database. Any questions about the accuracy of that information should be directed to the CD office in the residential county of the applicant or the county of employment if the applicant is not a Missouri resident.
 - a) Complete the request form.
 - b) Mail completed form to: **Missouri Children's Division, Background Screening / Investigations Unit, P.O. Box 88, Jefferson City, MO 65103.**

2. Name Search - \$12.00 Provides open records obtained from the Missouri Criminal Record Repository and information from Missouri Children's Division Central Registry.
 - a) Complete the request form.
 - b) Make a check or money order for \$12.00 payable to "State of Missouri Criminal Records System."
 - c) Mail completed form and check or money order to: **Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.**

3. Fingerprint Search - \$14.00/\$20.00 Provides open and closed records with positive identification obtained from the Missouri Criminal Records Repository and information from Missouri Children's Division Central Registry.
 - a) Complete the request form.
 - b) Obtain fingerprints on: Applicant card FD-258. Official taking fingerprints must verify identity of person fingerprinted with an official id such as a driver's license and sign the card as the person taking the fingerprints. Complete the rest of the card as applicable.
 - c) Make a check or money order for \$14.00/\$20.00 payable to "State of Missouri Criminal Records System."
 - d) Mail completed forms and check or money order to: **Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.**

OPEN RECORDS - convictions, charges pending, arrests less than thirty days old, and suspended imposition of sentence during probation.

CLOSED RECORDS - charges not filed, not prosecuted, dismissed, or subject found not guilty or suspended imposition of sentence after probation.

SPACE RESERVED FOR MSHP/CD RESPONSE STAMP