

VOLUNTEER APPLICATION

_____ (hereinafter referred to as "Organization").

Parish, School or Agency Name

Name _____

Last

First

Middle

Have you ever used any other name in the past? Yes No

If yes, please list all other names that you have used and the dates during which you used these names. _

Address _____

Street

City

State

Zip Code

Telephone () _____

Social Security Number ____ - ____ - ____

Volunteer position(s) applied for _____

What is your experience for this position? _____

Are you under the age of 18? Yes No

Have you filed a volunteer application here before? Yes No

If yes, give date _____

Have you at any time been accused of child abuse? Yes No

If yes, please complete the following:

1. Provide in detail the date, the place, and an account of the circumstances surrounding each allegation of child abuse. _____

2. Did any administrative or judicial proceedings arise out of the allegations of child abuse? Yes No

If yes, please identify the agency or court in which the proceeding was brought and its locations, the parties to that proceeding, the docket number of the proceeding, and any judgment or resolution that was entered or reached. _____

3. Are you under the supervision of any federal, state or local agency as a result of any allegations of child abuse? Yes No

I grant permission to the Organization to contact, in connection with this application and periodically thereafter, the Missouri Division of Family Services and any other governmental agencies, organizations, corporations, entities or individuals that it deems necessary in order to verify the continued accuracy of any information given in connection with this application, and I agree to complete, in connection with this application and periodically thereafter, any and all forms required by Organization (including, but not limited to, an application for child abuse/neglect screening form to be submitted to the Missouri Department of Social Services). **Permission is also granted to contact agencies, such as the Family Care Safety Registry, which describe themselves as providing “employee” background checks.**

Date: _____

(Applicant's Signature)