



K I R K W O O D
S C H O O L D I S T R I C T

Kirkwood School District Screened Volunteer Information Sheet

State, federal law and district policy require that persons authorized to have **unsupervised contact** with students:

1. Undergo background checks
2. Follow all Kirkwood School District policies and procedure
3. Keep student information confidential

Screened Volunteer Approval Process:

1. Request a Screened Volunteer Application from the School Secretary and **complete the Screened Volunteer Application**. Or go to www.kirkwoodschoools.org and click on “Volunteer”.
2. Authorize the Kirkwood School District (KSD) to complete a background check by completing the Family Care Safety Registry at <http://health.mo.gov/safety/fcsr/>. There is a \$14.25 fee to register with the Family Care Safety Registry.
3. Bring your completed Screened Volunteer Application to the Kirkwood School District Human Resources at 11289 Manchester Rd. Kirkwood MO 63122. Or take to your school office. We will make a copy of your driver’s license.
4. The KSD Human Resources Department will contact you with the results of the background check as soon as possible.



Kirkwood School District

Screened Volunteer Application

A SCREENED VOLUNTEER MAY PERIODICALLY BE LEFT ALONE WITH STUDENTS

Any person, who wishes to become a Screened Volunteer in Kirkwood School District, must **complete the following application and register with the MO Dept. of Health & Senior Services.**

When complete, all paperwork should be returned in person to: Administrative Services Center, 11289 Manchester Rd. Kirkwood, MO 63122, or the main office at your school of choice. **Identification must be shown when turning in this application.** This application, along with the background check will be reviewed and permission will either be approved or denied.

Last Name _____ First Name _____

Affiliation with KSD _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone Number _____ Cell Number _____

Email Address _____

I would like to be a screened volunteer at the following schools: _____

If observing, I am from (institution name): _____

Institution contact name: _____

Institution contact telephone Number: _____

I, _____, know it is possible I may see or hear confidential student information. I will protect the privacy rights of all students and, therefore, shall not release in written, electronic, video, oral form any personally identifiable information regarding any student. I will not divulge this information to other members of the public. I understand if I fail to respect student privacy rights and confidential information I will be prohibited from volunteering/observing within the Kirkwood School District.

Please complete the following:

1. Have you ever been convicted, plead guilty to, or received a suspended imposition of sentence for a felony?

Yes No

If Yes, please explain type of felony and the date and county of conviction?

2. Other than a traffic violation, have you been convicted, plead guilty to, or received a suspended imposition of sentence for a misdemeanor?

Yes No

If Yes, please explain type of misdemeanor and the date and county of conviction:

3. Do you have any criminal charges pending against you?
Yes No
4. Have you ever been convicted of a sex or drug related offense or crime of violence?
Yes No
5. Are you required to register as a sex offender under Missouri Chapter 584 RSMO?
Yes No

6. PLEASE PROVIDE TWO PERSONAL REFERENCES:

Name, Address, Telephone

Name, Address, Telephone

7. EMERGENCY CONTACT INFORMATION:

Name, Address, Telephone

Name, Address, Telephone

Physician's name/phone

Preferred Hospital

Please list any pertinent information that would be of value to the nurse, such as allergies, special medication, diabetic condition, etc.

8. DRIVER'S LICENSE (Attach photocopy)

I give permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless.

It is possible that as a volunteer I may have more than occasional or infrequent contact with students. Under Missouri law I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution and likely fine and imprisonment. I hereby give the Kirkwood School District the right to conduct a police background check on me prior to approving my application.

My signature below indicates that I declare, under penalty of perjury, that I have not suffered convictions for sex or drug related offenses or for crimes of violence, there are no criminal charges pending against me, and that I am not a registered sex offender.

My signature below indicates that I agree to abide by the district standards, policies and procedures, and I understand if I fail to do so, I will be prohibited from volunteering within the Kirkwood School District.

SIGNATURE: _____ Date _____