

# FHSD Volunteer Instruction Checklist

Thank you for your interest in becoming a volunteer in the Francis Howell School District, please follow the instructions below.

- Complete the **Missouri Request for Child Abuse or Neglect/Criminal Record form**. Be sure to fill in your date of birth & social security number (license info is **not** necessary). Please sign in **handwritten** cursive.

- Complete the **Volunteer Application**, including an email address so that we may contact you when the process is complete.

**\*(FHSD Employees** – this is the **only** form required to complete your Volunteer Application process – as you have already met the background check and training video requirements during your hiring process.)

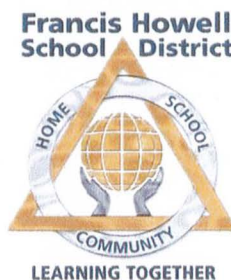
- Complete the **Volunteer Training Videos form**. **Initial each line (in handwriting, not typed)** as you watch the videos which can be found in the 'Volunteer' section of our website. **Then** please sign, date, and print your name at the bottom of the page.

- Please return all three documents to Lori Lewis or to the volunteer coordinator at your child's school. To expedite results, please use email or fax.

- email: lori.lewis@fhdschools.org
- fax: 636-851-4089
- mail: Francis Howell School District  
ATTN: Lori Lewis / HR  
4545 Central School Rd.  
St. Charles, MO 63304

For questions please contact Lori Lewis HR Support | PM Receptionist @ (636) 851-5357

***Thank You for sharing your time and talents with the Francis Howell School District.***



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.<br><input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge<br><input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search<br><input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search<br><input type="checkbox"/> \$14.00 (Authorized Statute 210.487)<br><input type="checkbox"/> \$20.00 (All other request) | TYPE OF DAYCARE PROVIDER<br><input type="checkbox"/> (1) License<br><input type="checkbox"/> (2) License Exempt<br><input type="checkbox"/> (3) Registered |
|--|--|

**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 6 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

Chief Human Resource Officer

STATE AGENCY STATE VENDOR OR CONTACT NO. (If applicable)

Francis Howell School District

CHECK APPROPRIATE BOX

|  |  |  |
|--|--|--|
| <input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT | <input type="checkbox"/> DOH / CCB CHILD CARE BUREAU | <input checked="" 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)<br>Complete your mailing label below<br>Confidential Mail | <del>SEND FEE &amp; FORM TO:</del><br>Missouri State Highway Patrol<br>Criminal Justice Information Services Division<br>P.O. Box 950<br>Jefferson City, MO 65102 |
| AGENCY NAME<br>Francis Howell School District  |   |
| ATTENTION<br>Human Resources   |   |
| ADDRESS<br>4545 Central School Road  |   |
| CITY, STATE, ZIP CODE<br>St. Charles, MO 63304   |   |

# FHSD Volunteer Application

\*NAME (please print): \_\_\_\_\_  FHSD Employee

\*Address: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

\*Email: \_\_\_\_\_ *(to be notified when process is complete)*

\*Signature (not typed): \_\_\_\_\_ \*Date: \_\_\_\_\_

| *Student Name & ID Number | Grade | School & Teacher | *Relationship |
|---------------------------|-------|------------------|---------------|
|                           |       |                  |               |
|                           |       |                  |               |
|                           |       |                  |               |

**\*If volunteering or mentoring for a FHSD club, activity, or athletic group, please indicate which group(s) and at which school(s). (Examples: Mentors 4 College, Great by 8, Parent Club, Boosters, Mobile Market, Raven Robotics, Vacation Station, Early Childhood, Special Olympics)** \_\_\_\_\_

**AVAILABILITY (mark all that apply):** Weekly? \_\_\_\_\_ Monthly? \_\_\_\_\_ Occasionally? \_\_\_\_\_

|         | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------|--------|---------|-----------|----------|--------|
| AM      |        |         |           |          |        |
| PM      |        |         |           |          |        |
| Anytime |        |         |           |          |        |

**Please review the options below and check all that may be of interest to you:**

*[This information is not used by all schools]*

Assisting in classroom/computer lab

Assisting in Library

Assisting Choir/Drama Program

Tutoring/Reading to Students/Listening to Students Read

General office tasks [laminating, copying, bulletin boards, phones, etc.]

Being a guest speaker

Fundraisers/PTO social events

Staff Appreciation

Other \_\_\_\_\_

\*Required Information

III Support/Volunteers/FHSD Volunteer Application 7-19-19

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*Thank You for sharing your time and talents with the Francis Howell School District.*

**FHSD Volunteer Training Videos Checklist:** I have received information and viewed videos from the *Missouri United School Insurance Council (MUSIC)*, and the *FHSD Volunteer Training Videos*. I also understand that the FHSD website has current policies and regulations pertaining to the following topics. **Video Link:** <https://www.fhdschools.org/cms/One.aspx?portalId=995782&pageId=20368719>

**Directions to Videos on <https://www.fhdschools.org/>** : Francis Howell School District/Community/Volunteer/Volunteer Training Videos

## **FHSD Volunteer Training Videos 2019 -2020**

Please **initial** each line as you view the indicated section.

\_\_\_\_\_ Intro. / FERPA (policy 2400)

\_\_\_\_\_ Restraint / Seclusion (policy 2770)

\_\_\_\_\_ ADA (policy 6250)

\_\_\_\_\_ Section 504 of the Rehabilitation Act (policy 6250)

\_\_\_\_\_ Universal Precautions / Severe Allergy (policy 2860 / 2875)

\_\_\_\_\_ Code of Student Conduct (policy 2610)

\_\_\_\_\_ Safe Schools Act (policy 2610 / State)

\_\_\_\_\_ Mandatory Reporting (policy 2710)

\_\_\_\_\_ Anti-Bullying (policy 2655)

\_\_\_\_\_ Acceptable Use Policy / Digital Safety / Security / Social Media (policy 1505 / 6335 / 2400 / 6320)

\_\_\_\_\_ Copyright (policy 6243)

\_\_\_\_\_ Harassment / Equal Opportunity (policy 1300)

\_\_\_\_\_ People First Language (policy N/A)

## **Missouri United School Insurance Council (MUSIC) videos**

\_\_\_\_\_ Student Suicide Awareness (policy 2785)

\_\_\_\_\_ Please **initial here** after viewing the following MUSIC videos:

- ✓ MUSIC Sexual Misconduct: Staff to Student
- ✓ MUSIC Youth Suicide: Awareness and Prevention



**By signing this document, I agree to follow all District policies/procedures and state law.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_