

# PARKWAY SCHOOLS

HIGHER EXPECTATIONS. BRIGHTER FUTURES.

## VOLUNTEER APPLICATION PROCESS AND PROCEDURES

### ADMINISTRATOR/STAFF USE ONLY

2014-2015

#### Volunteer Application Procedures

1. All volunteers, **new and returning**, must complete the **Volunteer Application Form (Form A)**
2. **Background Check Form (Form B)** must be completed for new volunteers. If the volunteer is returning from last year, check MUNIS for background check clearance.
3. All volunteers, **new and returning**, must complete the **Volunteer Commitment and Responsibility Form (Form C)**
4. Send the following information to Cathi Tegels in Human Resources:
  - ✓ Volunteer Application (**Form A**)
  - ✓ Department of Social Services / MO State Highway Patrol (**Form B**) (**Only if Required**)  
(DO NOT COPY FORM)
5. Keep at the school:
  - ✓ Copy of the application
  - ✓ Volunteer Commitment and Responsibility Form (**Form C**)
6. Human Resources will enter information into MUNIS When the Background Check results are returned. **If there is a background check issue, the Director of Human Resources will contact the parent and the school will be informed of the decision. No background check information will be shared with school personnel.**
7. Check MUNIS for volunteer clearance.
8. **School Volunteer Orientation**
  - ✓ Review the Volunteer Responsibility and Commitment Statements
  - ✓ Review assignment responsibilities
  - ✓ Train on any district equipment to be used by volunteer
  - ✓ Review emergency procedures
  - ✓ Review procedures for reporting harassment, bullying or child abuse
  - ✓ Review and emphasize confidentiality
  - ✓ Review building protocols (Sign-in, Identification Badge, Schedule, etc...)

**USE THE CHART BELOW TO DETERMINE IF THE VOLUNTEER ACTIVITY  
REQUIRES A BACKGROUND CHECK**

<b>MUST COMPLETE BACKGROUND CHECK PROCESS</b> <i>The <b>potential exists</b> for the volunteer to be alone with are around students</i>	<b>NOT REQUIRED TO COMPLETE BACKGROUND CHECK PROCESS</b> <i>The <b>potential DOES NOT exist</b> for the volunteer to be alone with students</i>
Classroom Assistance	PTO Activity/Event
Assist Students in Small Groups in Common Areas	Classroom Parties
Library Assistance (3+ Days)	School Observations
Office Assistance (3+ Days)	Lunch Guest
Field Trip-Small Group Chaperone Extended or Overnight Trips	School Presenters
Dance/Party Chaperone	Parent Sponsored /Non School Event
Snack Sales in Schools	Junior Achievement
Individual Tutoring	Staff Appreciation Events
Volunteer Coach	Concession Stand Sales
Fine Arts Volunteer	Fundraising
Time Keepers	School/Awards Assemblies
Vendors/Consultants	Day Field Trips
Outside Volunteer Groups	School Field Day-Observer
School Field Day Worker	Guest Speaker

The District reserves the right to refuse a volunteer from serving in a position based on the results of the background check if it is in the best interest of the school and students.

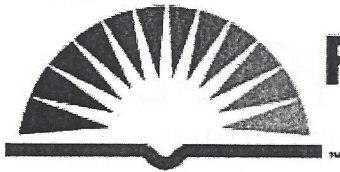
Please contact the Human Resources Office if you have a question related to a specific volunteer activity not listed in the above chart.

**MUNIS DIRECTIONS**

The building volunteer contact will be able to access the "hired" date to determine if a volunteer applicant will need a background check performed. If the "hired" date is within one year of the volunteer application, only the yearly application will be necessary. The buildings are responsible for checking MUNIS to determine when the volunteer is cleared.

**POLICY REFERENCE**

Policy: BCFA.G-Safety and Security Checks



# PARKWAY SCHOOLS

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August 2014

Dear Parkway Schools Volunteer:

The Parkway School District has a long history of active school volunteers. Parents, guardians and patrons provide assistance to students in a variety of ways from helping with academics to supervising field trips. The educational program of the district benefits from the thousands of volunteer hours given each year.

To better serve the students of Parkway, the volunteer procedures of the school district are listed below:

- Complete a **Volunteer Application (Form A)** located at school office or on the District website. The District does require an annual application.
- Complete **Background Check (Form B)**-Reference Background Check Chart
  - NEW volunteers
  - Volunteers who have a break in service greater than 1 year
- Sign the **Volunteer Commitment and Responsibility Statements (Form C)**
- Return completed forms to the school office.

Once your application is processed, the school will notify you when you may begin your volunteer services. Thank you for your commitment to the students of the Parkway School District!

Sincerely,

Amy L. Joyce  
Director of Human Resources

HIGHER EXPECTATIONS. BRIGHTER FUTURES.

**VOLUNTEER'S NAME** \_\_\_\_\_

First M.I. Last

CITY/STATE/ZIP CODE \_\_\_\_\_

STUDENT(S) FIRST AND LAST NAME	GRADE	SCHOOL	I WOULD LIKE TO VOLUNTEER AT THIS LOCATION (Check all that apply)

## VOLUNTEER PREFERENCE

DAY OF WEEK	TIME OF DAY	
MONDAY	AM	PM
TUESDAY	AM	PM
WEDNESDAY	AM	PM
THURSDAY	AM	PM
FRIDAY	AM	PM

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

VOLUNTEER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### SCHOOL REPRESENTATIVE

DATE \_\_\_\_\_

ctegels@pkwy.k12.mo.us

Fax: 314-415-8087

Phone: 314-415-8018



FORM A

# FORM B-VOLUNTEER

SHP-159H 02/10

Missouri State Highway Patrol / Missouri Department of Social Services  
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 - \$10.00 (Criminal record, child abuse, or neglect, central registry search) <input type="checkbox"/> (3) Fingerprint 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								
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? <input type="checkbox"/> YES (Complete section below) <input type="checkbox"/> 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? <input type="checkbox"/> YES (Complete section below) <input type="checkbox"/> 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 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT  <input type="checkbox"/> CHILD CARE RELATED VOLUNTEER  <input type="checkbox"/> CD LICENSURE         </div> <div> <input type="checkbox"/> DOH / CCB CHILD CARE BUREAU  <input type="checkbox"/> DMH / DMH VENDOR  <input type="checkbox"/> HEALTH CARE         </div> <div> <input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE  <input type="checkbox"/> CD CONTRACT PROVIDER  <input type="checkbox"/> OTHER _____         </div> </div>													
COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>AGENCY NAME</td></tr> <tr><td>ATTENTION</td></tr> <tr><td>ADDRESS</td></tr> <tr><td>CITY, STATE, ZIP CODE</td></tr> </table>					AGENCY NAME	ATTENTION	ADDRESS	CITY, STATE, ZIP CODE	SEND FEE & FORM TO:  Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson City, MO 65102				
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 1 or 2. 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.

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**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. **Name Search - \$10.00** 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 \$10.00 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.**
2. **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 or Patrol card SHP-152. 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.**
3. **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.**

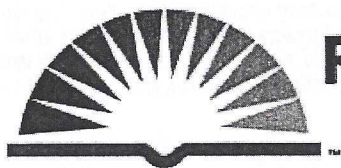
**OPEN RECORDS** - convictions, charges pending, arrests less than thirty days old, and suspended imposition of sentence during probation.

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

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SPACE RESERVED FOR MSHP/CD RESPONSE STAMP





# PARKWAY SCHOOLS

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## VOLUNTEER COMMITMENT AND RESPONSIBILITY STATEMENT

*The Mission of the Parkway School District is to ensure all students are capable, curious and confident learners who understand and respond to the challenges of an ever-changing world.*

The following are commitments the District requests of all Parkway School Volunteers

- ✓ Know and observe all emergency drills.
- ✓ Wear appropriate attire.
- ✓ Seek help from a staff member when you need additional information or instruction.
- ✓ Be a role model for students.
- ✓ Do not use school equipment, materials, or supplies for personal purposes.
- ✓ Immediately report bullying, harassment or abuse of students.
- ✓ Follow all Board of Education policies and procedures.

The following are responsibilities that support the District's mission as a Parkway Schools Volunteer:

- ✓ Support and supplement the instructional program.
- ✓ Keep all student information confidential.
- ✓ Always do what is in the best interest of each student.
- ✓ Share concerns with the school staff only.
- ✓ Do not discipline students.
- ✓ Report concerns to the teacher or administrator.
- ✓ Understand that each student is unique and cannot be compared to another.
- ✓ Never be alone with or put a student in an uncomfortable situation.
- ✓ Show respect for all staff and students.
- ✓ Commit to work in a classroom to support and improve education for all students.
- ✓ Accept each student and encourage the best for them.
- ✓ Discuss problems that arise with the teacher or school administrator.
- ✓ Respect the privacy of teachers and students by not discussing school matters away from the classroom.

*As a Parkway Schools Volunteer, I agree to the above Commitments and Responsibilities.*

Signature \_\_\_\_\_

Date \_\_\_\_\_