

MRH Volunteer Application & Criminal Background Release Form

I, _____ acknowledge and agree to the following provisions as conditions in consideration of my request to volunteer at the Maplewood Richmond Heights School District. I consent to having a criminal and arrest records check as a condition for consideration for volunteering for the Maplewood Richmond Heights School District. The cost for the background check will be paid by the Maplewood Richmond Heights School District.

I agree to abide by all relevant MRH Board of Education policies and administrative guidelines while on duty for the District. I understand that I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the MRH School District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the MRH School District or entitled to any benefits provided to employees. I further release the MRH Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

Full Name: _____
 First M.I. Last

Address: _____

Phone Number _____ - _____ - _____

Email _____

Volunteer Opportunity Preference (List the positions for which you are volunteering field trip sponsor, classroom assistance, etc)

- 1.
- 2.
- 3.
- 4.

FBI fingerprint checks and a Family Care Registry Search is required by state law for all MRH volunteers working with or around children. Details necessary to complete the record checks will be distributed by the Human Resources Department upon application. Volunteers are expected to follow all Board of Education and building policies and procedures, including confidentiality of student information. If there is an issue with the background check, the Human Resources department will contact the parent and the school will be informed of the decision. No background check information will be shared with school personnel.

I have a fingerprint background check on file with the district: YES NO (Circle One)

Volunteer's Signature

Date

School Representative

Date

**Please return to MRH Human Resources Department
Attention: Erin Jackson**

Erin.jackson@mrhschools.net

Phone: 314-644-4400



**Missouri State Highway Patrol
Criminal Justice Information Services Division**

MOVECHS WAIVER AGREEMENT AND STATEMENT

Missouri Volunteer and Employee Criminal History Service (MOVECHS)

For criminal history record information pursuant to the *National Child Protection Act of 1993 (NCPA)*, as amended by the *Volunteers for Children Act (VCA)*,
And the *Adam Walsh Child Protection and Safety Act of 2006*

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize _____
Name of Qualified Entity

to submit a set of my fingerprints to the Missouri State Highway Patrol (MSHP) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Missouri records pursuant to 43.540 RSMo from the MSHP, and any national criminal history record directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30–16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Missouri and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

Yes, I have (OR) **No, I have not** been convicted of or plead guilty to a crime.

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (check one): Applicant Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____ SSN (last 4 digits - Optional) _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____

NOTE: This document must be retained by the agency/qualified entity for audit purposes.