

# RAPE AND ABUSE CRISIS SERVICE VOLUNTEER APPLICATION

(Return completed form to RACS, P.O. Box 416, Jefferson City, MO 65102)

**ALL INFORMATION IS CONFIDENTIAL**

DATE \_\_\_\_\_

## **Personal Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Email address

## **Employment**

Are you:    Employed? \_\_\_\_\_    Unemployed? \_\_\_\_\_    Retired? \_\_\_\_\_    Student? \_\_\_\_\_

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Position

\_\_\_\_\_  
Work Phone

May I call you at work? \_\_\_\_\_

May I identify myself as being with RACS? \_\_\_\_\_

## **Background Information**

Education: Last grade completed?    8    9    10    11    12    13    14    15    16

Major/Degrees: \_\_\_\_\_

Have you ever been convicted of a misdemeanor?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Have you ever been convicted of a felony?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes to either of the above, state offense:

\_\_\_\_\_  
\_\_\_\_\_

**Skills and Interests**

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Have you had any previous volunteer experience? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

List any special skills or training you have which might be useful as a volunteer at RACS. \_\_\_\_\_

\_\_\_\_\_

What personal attributes do you possess which you feel will help you be effective in assisting people in crisis? \_\_\_\_\_

\_\_\_\_\_

Are there any additional skills/strengths you would like to develop as an outcome of your experience as a volunteer at RACS? \_\_\_\_\_

\_\_\_\_\_

**References**

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Name	Address (Street, City, State, Zip)	Phone
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Name	Address (Street, City, State, Zip)	Phone
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Name	Address (Street, City, State, Zip)	Phone
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**Person to contact in case of an emergency:**

Name	Relationship	Address	Phone
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**Release of Information:**

I understand that all information and background checks will be kept confidential and I authorize the Rape and Abuse Crisis Service to obtain any information necessary to verify my qualifications as a RACS volunteer.

\_\_\_\_\_  
Name Date

## VOLUNTEER INTEREST FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

### *The following volunteer activities do not require agency training.*

\_\_\_\_\_ **Grocery shopping** – Shopping for grocery items for the shelter is usually done on each weekend. Volunteers are responsible for obtaining the grocery list and authorization from staff, picking up groceries and bringing them to the shelter.

\_\_\_\_\_ **Donations** – Volunteers are responsible for sorting and placing donated items in the correct areas at the shelter. Donated items may include clothing, personal care items, food, and household items. Most volunteers do this on Tuesdays.

\_\_\_\_\_ **Movers/ Pick-up and Delivery** – Volunteers are occasionally needed to pick up and/or deliver donated items of furniture for shelter clients. Volunteers would need to have access to a truck or van for this.

\_\_\_\_\_ **Translation** – Volunteers are needed to assist in translating written materials to/from Spanish, to assist in translating spoken Spanish, or to assist with sign language translation.

\_\_\_\_\_ **Fundraising** – Assist staff and board members with annual fundraiser to benefit RACS.

\_\_\_\_\_ **Speakers' Bureau** – Initially, volunteers would accompany a staff person on speaking engagements in order to observe. When the volunteer is ready and approval has been given, the volunteer would be scheduled for speaking engagements to promote RACS.

\_\_\_\_\_ **Other** (specify) -- \_\_\_\_\_

### *The following volunteer activities require agency training.*

\_\_\_\_\_ **Babysitting** – Volunteers are needed at two different times. On Thursday evenings, volunteers are needed while mothers, both shelter and non-shelter, are attending support group. In addition, volunteers are needed for an hour one afternoon a week for Parenting Support Group.

\_\_\_\_\_ **Hotline** – Volunteers provide telephone crisis intervention and referral. Following extensive training, volunteers receive hotline calls forwarded to their homes during specified time frames.

\_\_\_\_\_ **Shelter Relief** – Volunteers fill in for shelter managers as various times as needed. Duties include answering the telephone and hotline as well as face-to-face contact with families in shelter. (Compensation is also available for this position.)

\_\_\_\_\_ **Advocacy** – Volunteers are on call to respond to the hospital to provide emotional support to victims of sexual assault and domestic violence and their families. A minimum of six months' hotline experience is required prior to training to volunteer as an advocate.

# **RAPE & ABUSE CRISIS SERVICE CONFIDENTIALITY AGREEMENT**

It is absolutely essential that all information obtained from persons needing our help be held in the strictest confidence. It is very difficult for victims of sexual assault or domestic violence to trust anyone, and their first step in talking about their experience often times is through RACS. It is essential that they have the assurance that they can receive our services in confidence.

We require that all information gained through service with our agency be treated confidentially. Discussing any information with non-volunteers in any situation, or with volunteers or professionals in places where it might be overheard, will destroy the bond of trust between the client and RACS, and will undermine our services.

The location of the RACS shelter is confidential information and may not be shared with anyone outside the agency.

A breach of confidentiality is a serious breach of trust and of ethical responsibility. It may jeopardize the safety of clients and staff, and thus can be a cause for removal from service.

Please sign the statement below:

I agree not to divulge any information obtained through my work at the Rape & Abuse Crisis Service (RACS).

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VOLUNTEER'S SIGNATURE

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DATE

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PRINTED NAME



STATE OF MISSOURI  
**CAREGIVER BACKGROUND SCREENING**

AGENCY USE

**BLOCK I - TO BE COMPLETED BY THE REQUESTOR**

**SECTION A: TYPE OF SCREENING (Check as many as applicable)**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> 1. Child Abuse or Neglect File (No charge, Notary req)                                   | <input checked="" type="checkbox"/> 4. Department of Mental Health Disqualified Registry (No charge)                   |
| <input checked="" type="checkbox"/> 2. Family Foster Care Licensing (No charge)  | <input checked="" type="checkbox"/> 5. Child Day Care Licensing (No charge)  |
| <input checked="" type="checkbox"/> 3. Department of Health and Senior Services Employee<br>3. Disqualified List (No charge) | <input checked="" type="checkbox"/> 6. State Criminal Background Check/Sexual Offender Registry - Name Search (\$9.00) |

**SECTION B: REQUESTOR INFORMATION**

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.

REQUESTOR'S NAME <b>Rape &amp; Abuse Crisis Service</b>		REQUESTOR'S TELEPHONE <b>573-634-8346</b>	
REQUESTOR'S ADDRESS <b>P.O. Box 416</b>	CITY <b>Jefferson City</b>	STATE <b>MO</b>	ZIP CODE <b>65102</b>
SIGNATURE OF REQUESTOR (REQUIRED IN INK)		DATE	

**BLOCK II - TO BE COMPLETED BY THE CAREGIVER**

**SECTION C: IDENTIFYING DATA FOR BACKGROUND SCREENING**

CAREGIVER NAME (LAST, FIRST, MI JR, SR, III)			SOCIAL SECURITY NUMBER	
MAIDEN NAME	DATE OF BIRTH (MMDDYY)	STATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE
ALIAS NAME(S)				

**ADDRESSES FOR THE LAST 3 YEARS**

STREET	CITY	STATE	STREET	CITY	STATE
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**SECTION D: AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION**

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 my permission to obtain any and all information needed to process this request, to make the information available to the requestor and to use the information as permitted by law.

SIGNATURE OF CAREGIVER, MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (REQUIRED IN INK)	DATE
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**SECTION E: NOTARY INFORMATION (Required for screening type 1. See Section A above)**

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

**BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW**

MO 300-1590 (12-07)



- ◀ ATTN (REQUESTOR'S NAME)
- ◀ ADDRESS 1
- ◀ ADDRESS 2 (IF APPLICABLE)
- ◀ CITY, STATE, ZIP CODE

# MISSOURI'S CAREGIVER BACKGROUND SCREENING SERVICE

## INSTRUCTIONS

This service allows the public to receive background information on people who provide daycare or healthcare services to children, the elderly and persons with disabilities.

The State, through various departments, offers several resources to screen caregivers:

1. Child abuse/neglect records, maintained by the Division of Family Services (573) 751-2330
2. Family Foster Care Licensing records, maintained by the Health and Senior Services (573) 522-2449
3. The Employee Disqualification List, maintained by the Health and Senior Services (573) 522-2449
4. The Disqualified Registry, maintained by the Department of Mental Health (573) 751-8567
5. Child Daycare Licensing, maintained by the Department of Health (573) 751-2450
6. State criminal background checks, sexual offender registry, conducted by the Missouri State Highway Patrol (573) 526-6153

The Caregiver Background Screening Request form allows the public to obtain information from these databases through a single request. The form must be completed and signed by both the requestor and the caregiver. The requestor will receive separate responses from each agency database that is selected.

1. Once completed, send the form to the appropriate address below.
2. **If you have a question about a particular response, please call the agency that sent you the response at the phone number above.**

For purposes of this form, the requestor is the person who wishes to obtain background information on a potential caregiver. The caregiver is the person being screened for the purposes of potential employment as a daycare or healthcare service provider.

### **BLOCK I (To be completed by the requestor, or person obtaining information)**

#### **Section A: Type of Screening**

Section A contains the resources available to screen potential caregivers. The requestor must indicate the resources to be included in the background screening. All screenings, except for the state criminal background check, are free of charge. Requests for state criminal background checks must be accompanied by a check for \$9 payable to the Missouri State Highway Patrol. In addition, screening 1 requires a notary public to witness the caregiver's signed authorization to release information (See Section D and E). All other screenings are considered open information under state statute and do not require a notary's verification.

#### **Section B: Requestor's Information**

The requestor must complete Section B.

### **BLOCK II (To be completed by the caregiver, or person being screened)**

#### **Section C: Identifying Data for Background Screening**

The caregiver, or person being screened for potential employment, must complete Section C. This section consists of identifying information that is needed to conduct background screenings.

#### **Section D: Authorization to Release Background Check Information**

The caregiver must sign Section D to authorize the State to conduct the screening and to provide the information to the requestor. The caregiver must sign Section D in the presence of a notary public if screening 1 is selected.

#### **Section E: Notary Information**

A notary public must complete Section E after witnessing the caregiver's signed authorization for release of information in Section D.

### **BLOCK III (To be completed by the requestor, or person obtaining information)**

The requestor must complete Block III by providing return address information.

**Fill out the form as completely and accurately as possible. Accurate information on the form is essential for a quality background check.**

#### **SCREENINGS 1, 2, 3, 5 AND 6 SHOULD BE SENT TO:**

Missouri State Highway Patrol  
Criminal Records and Identification Division  
P.O. Box 9500  
Jefferson City, MO 65102

#### **SCREENING 4 SHOULD BE SENT TO:**

Department of Mental Health  
Central Office - Attn: Dana Opie (HR)  
1706 East Elm  
Jefferson City, MO 65101  
or Fax - (573) 526-4561