



CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
KEMP BLDG.
2729 GILLHAM ROAD
KANSAS CITY, MISSOURI 64108

Sonja Potter, *Volunteer Coordinator*
spotter@courts.mo.gov
Phone: 816-881-6577
Fax: 816-881-6504

APPLICATION FOR VOLUNTEER SERVICES

Today's Date: _____ Date Available: _____

Name: _____

DOB: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Preferred Method of Contact (*select all that apply*): Mail Phone Email

In case of an emergency, please contact:

Name: _____ Relationship: _____ Phone: _____

Are you a US citizen? Yes No

Have you been convicted of an offense other than a traffic violation? If yes, briefly explain and provide dates:

Have you been a victim of a crime? If yes, please explain:

Previous Volunteer Experience:

Have you ever volunteered? Yes No If so, where? _____

Contact Person: _____ Phone: _____

In what capacity? Use additional sheets if needed.

Education:

High School: _____ Graduation Year: _____

College: _____ Graduation Year: _____

Graduate School: _____ Graduation Year: _____

Specialized Education/Training: _____

Please explain your interest in volunteering:

Is there a particular assignment of volunteer duty you would prefer?

Personal Reference:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Please Check the shift schedule and days you are available to volunteer:

	SUN	MON	TUES	WED	THURS	FRI	SAT
Early morning							
Mid-Morning							
Afternoon							
Evening							

Applicant Statement:

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the Jackson County Family Court Volunteer Department. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discover at a later date.

I authorize representative of the Jackson County Family Court Services to conduct a thorough investigation of my activities and authorize all references provided in the application as well as all other individuals, whom the Family Court may contact to provide all information they have about me. Furthermore, I agree to cooperate in such investigation and release from all liability or responsibility of the Family Court, all person and entities acting on its behalf and all persons and entities requesting or supplying such information.

Approval for volunteer service is subject to Criminal Record clearance, child abuse and neglect checks and satisfactory qualifications to meet the responsibilities expected. I authorize Jackson County Family Court to investigate all statements.

Applicant Signature: _____ **Date:** _____

State of Kansas Department for Children and Families Prevention and Protection Services Child Abuse and Neglect Central Registry 915 SW Harrison 5 th Fl. Room 530-East Topeka, Kansas 66612	Child Abuse and Neglect Central Registry Release of Information
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I, _____, give permission for the release of any information concerning
(Please print complete first, middle and last name)
myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Sonja Potter
Agency Name: Circuit Court of Jackson County, MO
Mailing address: 2729 Gillham Road
Kansas City MO 64108
Phone Number (816) 881-6577

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. Yes No

**** Please complete the information below by printing in ink. Please print legibly. Do not leave any space blank. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient.****

First, Middle and Last Name: _____
Maiden Name: (Female applicant only) _____
Married Names, Nicknames or Other Names Used:
(Use N/A if no other names used) _____
Date of Birth: _____ Race: _____
Social Security # _____ Gender: Male Female
Signature: _____ Date: _____
Current Address: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of DCF, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601. The following state agencies are exempt from the \$10.00 fee: JJA (Central Office or Facilities), KNI, Dept. Of Education- Central Office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Sub-contracting agencies are not exempt and will be assessed the \$10.00 fee. Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: www.kansasmentors.org. If this is a mentor record check, please make sure the box below is checked.

Mentor Program: If yes, please check

For Central Registry Use Only

_____ **FEE ATTACHED**

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 - (\$12.00) and CD Central Registry Child Abuse Search <input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse 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
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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?
 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
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input 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 _____

<p align="center">COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">AGENCY NAME</td> <td style="padding: 5px;">Jackson County Family Court</td> </tr> <tr> <td style="padding: 5px;">ATTENTION</td> <td style="padding: 5px;">Sonja Potter</td> </tr> <tr> <td style="padding: 5px;">ADDRESS</td> <td style="padding: 5px;">2729 Gillham Road.</td> </tr> <tr> <td style="padding: 5px;">CITY, STATE, ZIP CODE</td> <td style="padding: 5px;">Kansas City, MO. 64108</td> </tr> </table>	AGENCY NAME	Jackson County Family Court	ATTENTION	Sonja Potter	ADDRESS	2729 Gillham Road.	CITY, STATE, ZIP CODE	Kansas City, MO. 64108	<p>SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson city, MO 65102</p>
AGENCY NAME	Jackson County Family Court								
ATTENTION	Sonja Potter								
ADDRESS	2729 Gillham Road.								
CITY, STATE, ZIP CODE	Kansas City, MO. 64108								

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 2 or 3. 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.**

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. 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.**

2. Name Search - \$12.00 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 \$12.00 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.**

3. 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. 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.**

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.

SPACE RESERVED FOR MSHP/CD RESPONSE STAMP