



Farmington R-VII School District

PO Box 570 • 1022 Ste. Genevieve Avenue • Farmington, MO 63640
Phone: (573) 701-1300 • Fax: (573) 701-1309 • Website: www.fsdknights.com

Superintendent: Mr. Matthew R. Ruble

Dear Parent/Guardian:

The Farmington R-7 School District welcomes volunteers to help on our campuses throughout the school year. The purpose of this letter is to inform/remind all those interested in volunteering of the appropriate procedures that must be followed to help ensure the safety and success of all children. Please review the information below.

Volunteers are individuals who will be working in the school buildings doing support activities or working directly with children under the direction and supervision of school personnel. Volunteers may perform a variety of tasks; these tasks would include clerical work, copying papers, shelving library books, accompanying students on field trips and tutoring students.

If you are planning to attend field trips or volunteer at the Farmington R7 School District, it is important to note that a background check MUST be conducted before the prospective volunteer is cleared to attend the field trip or event. Please submit all paperwork **30** days in advance.

Initial Process for Volunteer Certification

- Complete the Volunteer Signature form and criminal background check form. Be sure to completely fill out these forms to avoid delay in processing. You may turn your forms into any Farmington R-7 school, the board office or scan and email to kdavitz@farmington.k12.mo.us.
- View the "Smarter Adults, Safer Children" video and complete the quiz following the video. The video link will be emailed to the address you list on the volunteer application. The video is generated from Safe School website, you may need to check your spam/junk email folders. After you complete the quiz a certificate will generate. There is no need to print it off, the district volunteer coordinator will print it when it is completed.
- **AFTER** you complete the video and the quiz, your back ground check will be submitted to the Missouri State Highway Patrol to check for criminal record. These are free of charge, please do not send money. Note- the criminal back ground check can take up to 4 weeks to process.
- Receive Volunteer Conduct information
- Receive information on Universal Precautions.
- You will receive an email after the process is complete informing you that you are approved or denied to volunteer.

Board of Education

*Jeff Lawson – President • Kerry Noble – Vice President • Joan Sullivan – Treasurer • Amanda Buchanan – Secretary
Amanda Farrell – Member • Angela Hahn – Member • Howard Hoehn – Member • Dolores Howard – Member*



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Yearly Renewal of Volunteer Certifications

Volunteers remain on the approved list of volunteers for 3 school years. Your signature on the District Felony Form gives us permission to run a criminal background check each of the next two years. It is recommended that each year you review the video as well as the "Volunteer Conduct" information and the "Universal Precautions".

Every three years, volunteers must complete the initial certification process again.

The volunteer certification process is in place to help ensure the safety and success of all children. Thank you very much for your commitment to the Farmington R-7 School District.

Board of Education

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Volunteer Signature Form

****Paperwork MUST be turned in 30 days prior to event/ field trip****

Full Name (please print) _____

Street _____

Address _____

City _____ State _____ Zip _____

Social Security Number: _____ Date of Birth: _____

Email: _____ Phone: _____

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Criminal Background Check Information

My signature below grants permission for the Farmington School District to initiate a criminal background check through the highway patrol or a contracted vendor. **These checks are of no cost to you.**

Signature of volunteer applicant: _____ Date: _____

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District Felony Form

My signature below indicates that: (check one)

I have not been charged with a felony.

I have been charged with a felony, but was not convicted. Please explain:

Signature of volunteer applicant: _____ Date: _____

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My signature below indicates that I have read and understand the District Policy School Volunteers and Conduct.

Signature of volunteer applicant: _____ Date: _____

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Please contact Katie Davitz at 573-701-1300 ext. 2004 or ext. 2112 or email: kdavitz@farmington.k12.mo.us if you do not receive the "Smarter Adults, Safer Children" video link within 5 business days of submitting your completed application.

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

<p>TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions:</p> <p><input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge</p> <p><input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search</p> <p><input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search</p> <p style="margin-left: 20px;"><input type="checkbox"/> \$14.00 (Authorized Statute 210.487)</p> <p style="margin-left: 20px;"><input type="checkbox"/> \$20.00 (All other request)</p>	<p>TYPE OF DAYCARE PROVIDER</p> <p><input type="checkbox"/> (1) License</p> <p><input type="checkbox"/> (2) License Exempt</p> <p><input type="checkbox"/> (3) Registered</p>
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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
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ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE
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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>COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION)</p> <p style="text-align: center;">Complete your mailing label below Confidential Mail</p>	<p>SEND FEE & FORM TO:</p> <p>Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson city, MO 65102</p>
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AGENCY NAME
ATTEN: Farmington R-7 School District
Stephanie Cabrera (scabrera@farmington.k12.mo.us)
ADDRESS: 1022 Ste. Genevieve Ave.
CITY, STATE: Farmington, MO. 63640