

NEW HAVEN PUBLIC SCHOOLS

Dr. Josh Hoener, Superintendent

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100 PARK DRIVE
NEW HAVEN, MISSOURI 63068



Jim Eggers
Board President
Michele Scheer
Secretary

Dear Volunteer,

Thank you for taking the time to volunteer in the New Haven School District. We appreciate your time! In order to volunteer at our district, Board Policy 1425 requires that you must undergo the Family Care Safety Registry background screening prior to being added to our Volunteer List. Clearance would be required for any volunteer opportunity including but not limited to field trips and classroom parties.

If you would like to volunteer at our district, please complete the attached forms and return it to your child's school or the Central Office. There is no cost to you. Please note that it may take a month or longer for the background screening to be complete.

Thank you for helping our students.

If you have any questions, please contact Amy Schenck at (573) 237-3231 x2220 or aschenck@newhavenschools.us

NEW HAVEN SCHOOL DISTRICT VOLUNTEER APPLICATION



Applicant Name _____

Date of Birth _____

Address _____

Cell Number _____

City _____ State _____ Zip Code _____

Email _____

Child(ren) attending NHSD (if applicable)	Relationship to Child	Grade	Teacher

In which area are you applying to volunteer?

- ☐ Field Trip Supervisor
☐ Volunteer Coach
☐ Library/Classroom Volunteer on a Regular Basis
 (Weekly, Monthly)

Please indicate days available: M T W Th F

Times available: From _____ to _____

Any physical limitations? _____

Medical conditions? _____

Emergency Contact Information: _____

Please explain your intent as a volunteer for the New Haven School District and how you will contribute to the learning experiences of our students.

Please respond to the following statements by checking Yes or No.

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. I will supervise and maintain the safety of all students placed in my care. I understand I will not be placed with only my child. | _____ | _____ |
| 2. I will abide by and adhere to the policies and procedures of the New Haven School District, and in doing so, will follow instructions of, and cooperate with school personnel including teachers, secretaries, aides, assistants, custodians, food service workers, and bus drivers. | _____ | _____ |
| 3. I will model for students during my time as a volunteer: respecting students, staff, facilities and other volunteers/presenters. | _____ | _____ |
| 4. I understand that I am not authorized to discuss student records, behaviors, abilities that I witness while volunteering with anyone other than staff members who have an educational right to know (including posts on social media). I will protect the privacy rights of all students and therefore will not release in written, oral, or electronic form any personally identifiable information regarding any student. | _____ | _____ |
| 5. I will not directly or indirectly contact the parents, guardians, or students without first receiving written permission to do so from the administration or designee of the program in which I am working. (Does not apply to coaches. Parents grant permission with registration.) | _____ | _____ |
| 6. As a volunteer for the New Haven School District in a supervisory role, I understand and agree that clear criminal records checks from the State Highway Patrol and Federal Bureau of Investigation are required before I may volunteer my services. | _____ | _____ |
| 7. I understand that the breach of any of the above statements will negate my Authorization to volunteer in the New Haven School District. | _____ | _____ |

Applicant Signature: _____

Date: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
FAMILY CARE SAFETY REGISTRY
WORKER REGISTRATION

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102. Register only once!

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

☐ Adoptive Parent

Agency Name: _____

☐ Child Care

☐ Missouri Foster Parent/Family Member of Foster Parent

Children's Division County Office: _____

☐ Hospital

☐ Long Term Care/Personal Care (Please choose subcategory at right ▶.)

☐ Mental Health/Psychiatric Hospital

☐ Voluntary (Select voluntary if no other registration type applies.)

A one-time registration fee of **\$15.00** applies to all categories except Missouri Foster Parents, who must list the Missouri Children's Division county office.

Have you or an immediate family member ever served in the U.S. Armed Forces? ☐ Yes ☐ No

If Yes, would you like information about military-related services in Missouri? ☐ Yes ☐ No

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

_____-_____-_____-_____-_____-_____-

Long Term Care / Personal Care Subcategories
(Complete if LTC/PC selected at left.)

☐ Adult Day Care

☐ Assisted Living Facility

☐ Hospice

☐ Hospital LTAC/Swing Bed

☐ Mental Health – Residential Facility/ICF

☐ Nursing Facility/Skilled Nursing

☐ Personal Care – Home Health

☐ Personal Care – In-Home Services

☐ Personal Care – Consumer Directed

Services/Center for Independent Living

☐ Personal Care – HCY/PDW/DDD/Other

PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

LAST NAME FIRST NAME MIDDLE NAME SUFFIX (JR., SR., II, III)

BIRTH NAME (LIST FULL NAME)

PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES.)

DATE OF BIRTH (MM-DD-YYYY)

GENDER

☐ M

☐ F

CONTACT INFORMATION

MAILING ADDRESS (ENTER YOUR STREET ADDRESS OR POST OFFICE BOX. THIS ADDRESS MUST BE DIFFERENT FROM EMPLOYER ADDRESS.)

CITY

STATE

ZIP CODE

COUNTY

TELEPHONE

EMAIL ADDRESS (REQUIRED)

COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.)

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

☐ My current/potential child care, long term care or mental health care employer is:

☐ No Employer, because I am a(n):

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER CITY

STATE

ZIP

EMPLOYER TELEPHONE

EMPLOYER CONTACT NAME

EMPLOYER CONTACT TITLE

☐ Adoptive Parent

☐ Foster Parent/Family Member

☐ Home Child Care Provider

☐ Private Pay/Private Duty

☐ Student

☐ Volunteer

☐ Other (Explain: _____)

REGISTRATION AGREEMENT

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 for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)

WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Elementary and Secondary Education
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select "Voluntary." (A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration – If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102**. If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872**.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).