



HUMAN RESOURCES DEPARTMENT

Mr. Dean Katt
Director of Human Resources

Dear ISD volunteer,

Thank you for your interest in volunteering in our schools! We appreciate your support in serving the students and families of the Independence School District.

Missouri law requires volunteers working one-on-one with children to have an FBI background check (including fingerprinting) prior to working with students. This includes field trip chaperones, study trip chaperones, club sponsors and ISD Inspire Friends.

Please complete the attached forms and return them to the Principal's office. This background check will then be processed by the appropriate State agencies and returned to the School District. It takes the state one week to complete this process.

You also need to complete the fingerprinting. Please register online at www.machs.mo.gov and enter the registration code **8468**. Be sure to select **Volunteer** when registering. Fingerprint location sites are listed at that website. The volunteer fingerprint fee is covered by the ISD. Please wait to make a fingerprint appointment until you have received a voucher code from the Human Resources department to avoid any unnecessary delays. Please provide an updated email address to the building secretary. Human Resources will email you a voucher code to cover the cost of fingerprints. We will also notify you when your background check has been processed.

Please also note Board Policy 4125: Notice of Arrest, Abuse Complaint or Traffic Citation. Any employee and/or volunteer who is arrested for a criminal act, felony, or misdemeanor must notify their supervisor in writing within three (3) work days of the arrest. As a volunteer you must notify Human Resources.

Thank you for your support of students, staff and families in the Independence School District!

Sincerely,

Dean Katt
Director of Human Resources

Parents and guardians who wish to assist in a classroom volunteer role during class parties, PTA or other on-site school building events and activities, do not need to complete this process as these volunteers will always be supervised by school staff.

An Equal Opportunity Employer

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - (\$14.00) and CD Central Registry Child Abuse Search <input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search <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
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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
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SIGNATURE OF REQUESTOR (Required in ink)	DATE
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TITLE OF CHILD CARE PROVIDER HR Assistant	TELEPHONE 816-521-5300
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STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)
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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 style="text-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:20%; padding: 5px;">AGENCY NAME</td> <td style="padding: 5px;">Independence School District</td> </tr> <tr> <td style="padding: 5px;">ATTENTION</td> <td style="padding: 5px;">Attn: Priscilla Meinheit</td> </tr> <tr> <td style="padding: 5px;">ADDRESS</td> <td style="padding: 5px;">201 N. Forest Ave.</td> </tr> <tr> <td style="padding: 5px;">CITY, STATE, ZIP CODE</td> <td style="padding: 5px;">Independence, MO 64050</td> </tr> </table>	AGENCY NAME	Independence School District	ATTENTION	Attn: Priscilla Meinheit	ADDRESS	201 N. Forest Ave.	CITY, STATE, ZIP CODE	Independence, MO 64050	<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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