



Dear Potential Volunteer:

Thank you for your interest in volunteering with My 180 Youth Program, Inc. Please note there are five pages total in this file including this letter. To expedite your application, please read the instructions below.

If you have any questions or need any assistance, please email rjefferson@my180yp.org or call Roy Jefferson at (314) 635-8039.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Roy Jefferson', written in a cursive style.

Roy Jefferson
Executive Director

Instructions:

1. Save the pdf file to your desktop or computer.
2. Open the pdf file via Adobe Reader or other PDF file application.
3. Fill out the forms as completely as possible.
4. Upon completion, save the file using the "Save As" function and rename the file.
5. Make sure "Format" option is selected as "PDF".
6. Email your completed forms to rjefferson@my180yp.org
7. Submit \$10.00 for background processing.

Other options to submit your application:

1. Mail to: My 180 Youth Program, Inc.
Attn: Roy Jefferson
3407 S. Jefferson Ave.
St. Louis, MO 63118



My 180 Youth Program, Inc.
 3407 S. Jefferson Ave. St. Louis, Mo. 63118
 Phone: (314) 635-8039
Submit completed application to rjefferson@my180yp.org

Volunteer Application

Application Received: _____ Application Status: _____
 Background Check: _____ Orientation Date: _____

Personal Information

Last Name:		First Name:		Middle Name:		Social Security Number:	
Street Address:		City:		State:	Zip:	Phone:	
Email Address:				Ethnicity:	Sex:	DOB:	
Have you ever been arrested, or found guilty of, or plead guilty, or received a suspended imposition of sentence, or been placed on probation, or convicted of any offense?				Have you ever had a substantiated child abuse hotline call against you in the State of Missouri or any other state?			
List any other names you have worked under:				Emergency Contact:		Emergency Phone:	
How would you like to serve within this organization?				How did you hear about this organization?			
List any skills and training you have that related to this position:				List any professional memberships and affiliations:			

Prior Work or Volunteer Experience

	Current or Most Recent		Prior		Prior		Prior	
Employer								
Address								
City, State, Zip								
Telephone								
Name of Immediate Supervisor								
Dates of Employment	From	To	From	To	From	To	From	To
Position								
Job Title								
Reason for Leaving								
May We Contact								

Education

	Name/Location	Last Year Completed				Degree/Diploma	Major/Minor
High School		9	10	11	12		
College/University		1	2	3	4		
Trade School							
Other							

Professional References

	Reference 1	Reference 2
Name		
Address		
City, State, Zip		
Phone		

Background Check Authorization

By submitting this application, I the undersigned agree to the following: 1.) Educational institutions attended by me may be contacted to verify educational credentials. 2.) A check of local, state and federal law enforcement open and closed criminal records will be made and I may be called upon to provide my fingerprints. 3.) A check of the Missouri or any other states central registry Child Abuse Hotline Unit may be made. An unacceptable finding on the background screen may disqualify me from potential service with the My 180 Youth Program, Inc. 4.) This application and all material submitted therewith becomes property of the My 180 Youth Program, Inc.

Applicant Signature: _____

Date: _____



Saint Louis COUNTY POLICE

Colonel Jon M. Belmar
Chief of Police
7900 Forsyth Boulevard
St. Louis, Missouri 63105
Voice/TTY (314) 889-2341

The St. Louis County Police Department will provide conviction information for another individual when accompanied with this notarized statement signed by the individual named in the record check. Please complete the information below and sign the authorization statement.

Please print

Name _____ Race _____ Sex _____ Hgt. _____ Wt. _____
Address _____ Date of Birth _____
City/State/Zip _____ Place of Birth _____
Social Security # _____ Drivers License #/State _____

- I hereby authorize the St. Louis County Police Department to release arrest/conviction information concerning myself. I also attest that the above information about me is accurate and current.
- I hereby authorize the St. Louis County Police Department to release arrest/conviction information concerning myself to the following individual:

ROY A. JEFFERSON

(place name)

This record check is for: (check one)

- St. Louis City and St. Louis County information
- Record challenge (St. Louis County only)
- Child care and nursing home employment

Signature _____

Date _____

Print Name _____

State of Missouri _____ }
County of _____ } ss

I, _____, a Notary Public, do hereby certify that on the _____ day of _____, 20____, personally appeared before me _____ who declares he/she is the individual executing the foregoing document in the capacity herein set forth and declared that the statements herein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

Notary Public _____

My commission expires _____

114698

(Rev. 003/14)



"Committed to Our Citizens Through Neighborhood Policing"

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 (-and 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
--	--

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 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 REQUESTER (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 _____

COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) complete your mailing label below Confidential Mail	SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson City, MO 65102
AGENCY NAME	
ATTENTION	
ADDRESS	
CITY, STATE, ZIP CODE	

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, and 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