



Greetings Future Club Volunteer,

Thank you for your interest in volunteering for the Boys & Girls Clubs of Greater Kansas City. The positive impact our volunteers have on the Club members is priceless and we are always looking for community minded people to share their knowledge and time.

Attached is the necessary documentation that needs to be completed to volunteer in the Clubs. Having this paperwork in order also keeps our Clubs in compliance with our State of Missouri license.

**Instructions:**

- Complete pages 1 – 5: Volunteer Application, Family Care Registry and Background Check Disclosure.
- Make a copy of your driver license or social security card to be submitted with your application.
- Submit your completed application with copy of ID (pages 1-5) to [volunteer@helpkckids.org](mailto:volunteer@helpkckids.org) OR hand deliver to our main office at, Legacy Center, 4001 Blue Parkway, Ste 102, Kansas City, MO 64130
- Complete Finger Printing, page 6, follow the online instructions and complete the fingerprinting at an IdentoGO location and time that works for you.
  - If you do not have internet access, call 1-844-543-9712 for registration assistance.
- **Be aware that there is a cost to complete the finger printing, the current charge is \$41.75.**
- When you complete the fingerprinting, you will receive an email from IdentoGO with a confirmation number, forward this email to [volunteer@helpkckids.org](mailto:volunteer@helpkckids.org). We are unable to pull the report without the confirmation email.

Once this is fully completed, your application will be submitted to the State for review. Upon approval from the State, you will be contacted to arrange the next step in your volunteer journey.

If you have any questions, please do not hesitate to contact the volunteer coordinator at [volunteer@helpkckids.org](mailto:volunteer@helpkckids.org) or 816-361-3600.



**BOYS & GIRLS CLUBS**  
OF GREATER KANSAS CITY

# Volunteer Application

### Human Resources Only:

**Date Entered** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Meets Qualifications** Yes [  ] No [  ]  
**Operations** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Club Unit** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Volunteer #** \_\_\_\_\_  
**Unit:** \_\_\_\_\_  
**Assignment:** \_\_\_\_\_

## APPLICATION INSTRUCTIONS

Please complete this form to ensure prompt processing and placement. Applicants age 18 and over must also complete the attached screening form (including a copy of your social security card as required).

## PERSONAL INFORMATION (PLEASE PRINT)

Name (First Middle Initial Last)		Date of Application
Address (Street, City, State, Zip Code)		Social Security Number
Home Telephone ( ) ( )	Alternate Telephone ( ) ( )	Email Address
		Date of Birth

## EMPLOYMENT INFORMATION (PLEASE PRINT)

Company Name	Phone Number ( ) -
Address (Street, City, State, Zip Code)	Dates of Employment From To
Applicable Skills / Certifications / Licensures that apply to the volunteer opportunity (If yes, please list)	First Aid Certification [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No Exp. Date
	CPR Certification [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No Exp. Date

Consistent attendance and punctuality are essential requirements of every volunteer position within this organization. Is there anything which would interfere with your regular attendance and punctuality if you are assigned to a volunteer opportunity? [  ] Yes [  ] No

## VOLUNTEER OPPORTUNITY INFORMATION (PLEASE PRINT)

Volunteer Opportunities (check all that apply) <input type="checkbox"/> LIFE COACH <input type="checkbox"/> HEALTH & LIFE SKILLS <input type="checkbox"/> EDUCATION & CAREER DEVELOPMENT <input type="checkbox"/> PUBLIC SPEAKING/CITIZENSHIP <input type="checkbox"/> TECHNOLOGY <input type="checkbox"/> AQUATICS <input type="checkbox"/> ARTS <input type="checkbox"/> SPECIAL EVENTS <input type="checkbox"/> COMMUNITY SERVICE <input type="checkbox"/> SPORTS LEAGUE COACHING	Age Group Preference <input type="checkbox"/> Cadets/Elementary School <input type="checkbox"/> Junior Academy/Middle School <input type="checkbox"/> High School
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How were you referred to the Boys & Girls Clubs of Greater Kansas City (BGCGKC)?

Which Boys & Girls Clubs of Greater Kansas City (BGCGKC) Unit would you prefer to work? [  ] Thornberry Unit, KCMO [  ] Wagner Unit, KCMO [  ] Wyandotte Unit, KCK [  ] Hawthorne Unit, Independence, MO [  ] Independence Unit, Independence, MO [  ] Olathe Unit, Olathe, KS

What dates/times are you available to volunteer with BGCGKC? [  ] Monday: From \_\_\_\_\_ To \_\_\_\_\_ [  ] Tuesday: From \_\_\_\_\_ To \_\_\_\_\_  
 [  ] Wednesday: From \_\_\_\_\_ To \_\_\_\_\_ [  ] Thursday: From \_\_\_\_\_ To \_\_\_\_\_ [  ] Friday: From \_\_\_\_\_ To \_\_\_\_\_  
 [  ] Saturday: From \_\_\_\_\_ To \_\_\_\_\_ [  ] Sunday: From \_\_\_\_\_ To \_\_\_\_\_ (limited opportunities)

Have you ever been convicted of any criminal offense other than minor traffic violations? If yes, please explain (A conviction record does not necessarily bar you from volunteering. Factors such as age at the time of the offense, seriousness and nature of the violation and rehabilitation will be taken into consideration.) [  ] Yes [  ] No

Criminal Offense	Date of Offense / Status ____/____/____ -
Criminal Offense	Date of Offense / Status ____/____/____ -

**EMERGENCY CONTACTS (PLEASE PRINT)**

Name (First Middle Initial Last)	Telephone Number ( ) -
Address (Street, City, State, Zip Code)	Relationship

**PERSONAL REFERENCES (PLEASE PRINT)**

Name (First Middle Initial Last)	Daytime Telephone Number ( ) -	
Address (Street, City, State, Zip Code)	Evening Telephone Number ( ) -	
Occupation	Years Acquainted	Relationship
Name (First Middle Initial Last)	Daytime Telephone Number ( ) -	
Address (Street, City, State, Zip Code)	Evening Telephone Number ( ) -	
Occupation	Years Acquainted	Relationship

**AUTHORIZATION AND AGREEMENT**

I authorize the Boys & Girls Clubs of Greater Kansas City (BGCGKC) to investigate all statements in this application and to secure any necessary information from all my employers, references and any appropriate governmental agencies. I hereby release all of the above mentioned parties and BGCGKC from any and all liability arising from their giving or receiving information about my suitability for volunteering with BGCGKC. I understand that any volunteer placement is contingent upon receipt of a satisfactory report concerning my credentials, employment references, driving record, criminal convictions record and child abuse/neglect record required for this opportunity.

I further understand that any false or misleading statements will be sufficient cause for rejection of my application if BGCGKC has not assigned me or immediate dismissal if BGCGKC has assigned me. I also authorize BGCGKC to supply information about my volunteer record, in confidence to any prospective employer, governmental agency or other party having a legal and proper interest and I hereby release BGCGKC from any and liability for it providing this information

I understand that nothing in this volunteer application, in BGCGKC's policy statement or personnel guidelines, or in my communications with any BGCGKC official is intended to create and employment contract between BGCGKC and me. I also understand that BGCGKC has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me.

Print Name	Date
Signature	



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**Compliant Background Check Disclosure and Authorization Form**

In the interest of maintaining the safety and security of our customers and employees, the Boys & Girls Clubs of Greater Kansas City will procure an investigative consumer report ("background check report") on you in connection with all employment and volunteer applications. First Advantage® Authentication & Screening, or another consumer reporting agency, will prepare the report. First Advantage® Authentication & Screening is located at 700 East Technology Avenue, Building E. Suite 2200, Orem, Utah 94097 and can be reached at 800 631-8777.

The background check report will obtain types of information that may include but are not limited to: social security number verification; criminal, public, as appropriate, driving records checks; verification of prior employment; references checks; and licensing and certification checks. The information will be obtained from private and public record sources.

You may request more information about the nature and scope of any background check reports by contacting First Advantage directly. If a report is requested, you may inspect and receive a copy of the report by contacting the agency.

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Boys & Girls Clubs of Greater Kansas City to procure a background check report on me that is prepared by a consumer reporting agency. I understand that, if I am hired or services rendered as a volunteer, the Boys & Girls Clubs of Greater Kansas City may rely on this authorization to procure additional background check reports during and throughout my employment or volunteer services without asking for my authorization again. I also authorize the following entities to disclose to the consumer reporting agency and its agents all information about or concerning me, including, but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and, any other person, organization or agency with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment history, motor vehicle history, criminal history, professional credentials, and all other information requested by the consumer reporting agency or its agents.

I promise the information I provided on this form is true and correct. I understand that dishonesty will disqualify me from consideration for employment or volunteer services with the Company, or if I am hired or volunteer, that I may be fired or services not utilized, whichever is applicable.

I agree that a facsimile or photocopy of this form may be used in lieu of the original.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY: Month and Day of Birth** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**RESET**

**WORKER REGISTRATION**

FCSR USE ONLY

Register online at [www.health.mo.gov/safety/fcsr](http://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.

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

<input type="checkbox"/> Adoptive Parent (Agency Name: _____) <input type="checkbox"/> Child Care <input type="checkbox"/> Foster Parent/Family Member of Foster Parent (County Office: _____) <input type="checkbox"/> Hospital <input type="checkbox"/> Long Term Care/Personal Care (Please choose subcategory at right →.) <input type="checkbox"/> Mental Health/Psychiatric Hospital <input checked="" type="checkbox"/> Voluntary (Select voluntary if no other registration type applies.)	<b>Long Term Care / Personal Care Subcategories (Complete if LTC/PC selected at left.)</b> <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital LTAC/Swing Bed <input type="checkbox"/> Mental Health – Residential Facility/ICF <input type="checkbox"/> Nursing Facility/Skilled Nursing <input type="checkbox"/> Personal Care – Home Health <input type="checkbox"/> Personal Care – In-Home Services <input type="checkbox"/> Personal Care – Consumer Directed Services/Center for Independent Living <input type="checkbox"/> Personal Care – HCY/PDW/DDD/Other
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A one-time registration fee of **\$12.00** applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.

Register only once. If you believe you have already registered, check our website at [www.health.mo.gov/safety/fcsr](http://www.health.mo.gov/safety/fcsr) or call, toll free, 866-422-6872.

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

**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)
MAIDEN NAME (if applicable)	PRIOR NAMES USED (if applicable, list first and last names.)	DATE OF BIRTH (mm-dd-yyyy)	GENDER <input type="checkbox"/> M <input type="checkbox"/> 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 U.S. territory/outside U.S.)	

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

<input type="checkbox"/> My current/potential child care, long term care or mental health care employer is: EMPLOYER NAME _____ EMPLOYER ADDRESS _____ EMPLOYER CITY _____ STATE _____ ZIP EMPLOYER TELEPHONE ( ) - EMPLOYER CONTACT NAME _____ EMPLOYER CONTACT TITLE _____	<input type="checkbox"/> No Employer, because I am a(n): <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent/Family Member <input type="checkbox"/> Home Child Care Provider <input type="checkbox"/> Private Pay/Private Duty <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain: _____)
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**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 (Must be signed in blue or black ink.) 	DATE OF SIGNATURE (Must be within six months of submission.) - -
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I promise the information I provided on this form is true and correct. I understand that dishonesty will disqualify me from consideration for employment or volunteer services with the Company, or if I am hired or volunteer, that I may be fired or services not utilized, whichever is applicable.

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Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY: Month and Day of Birth** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Missouri State Highway Patrol Applicant Fingerprint Services of Missouri

*Applicant Fingerprint Form for State and FBI Criminal History Background Checks*

## **Section One: Agency Information**

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER: 7284

Agency Name: DHSS Section for Child Care Regulation

Agency ORI: MO921483Z

Agency OCA: N/A

## **Section Two: The Missouri Automated Criminal History Site (MACHS)**

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact the vendor (IDEMIA) at 844-543-9712 for assistance with registration.

### **MACHS Registration Instructions:**

1. Log-on to [www.machs.mo.gov](http://www.machs.mo.gov)
2. Click on the "blue box" [Click here to register with the fingerprint portal](#)
3. Click on the "blue box" [Click here to register with MACHS](#)
4. Enter the 4-digit registration number provided by your agency. Click "enter"
5. Enter your personal information in the appropriate fields and proceed through the registration process.
6. Near the end of registration, you will be asked to verify all personal data and agency information before proceeding. If all information entered is accurate and complete, click "complete registration." This will redirect you to IDEMIA's website for further instruction.
7. Please note your Transaction Control Number (TCN) for future reference.
8. Email and/or phone number, and Date of Birth will be required at the fingerprint vendor location to search for your registration transaction.

The processing fee is automatically calculated based on the 4-digit registration number that was entered at the beginning of registration. All fees are payable to IDEMIA at the time of fingerprinting unless a billing account has been established by your agency.

Once fingerprinting is completed, IDEMIA will transmit your photo, personal data, and fingerprint images to the Missouri State Highway Patrol (MSHP) for processing. The results of the search will be provided to the authorized agency within approximately 1-5 business days. NOTE: IDEMIA does not have access to criminal history. For questions about your results, contact the requesting agency or MSHP. Please reference your TCN.