



Dear Future Club Volunteer:

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

Attached is the necessary documentation that must be completed to volunteer in the Clubs. This paperwork also keeps our Clubs in compliance with our state licenses. To guarantee your participation as a volunteer with BGCGKC, the items listed below are required:

**Instructions:**

- Please complete the Volunteer Application, Family Care Safety Registry, Background Check Disclosure, and Child Abuse and Neglect Central Registry Release of Information.
- Attach a copy of your driver's license or Social Security card to your application.
- Submit your completed application with a copy of your photo ID to [volunteer@helpckids.org](mailto:volunteer@helpckids.org) OR hand deliver it to our main office at: Nancy and Gordon Beaham Legacy Center, 4001 Blue Parkway, Ste 102, Kansas City, MO 64130
- Your application will be reviewed by BGCGKC and submitted to the State of Missouri and the State of Kansas for processing of the background checks. The approval process may take 3-4 weeks.
- Upon approval, the BGCGKC volunteer coordinator will email you instructions for registering for a Missouri fingerprinting appointment. All volunteers working at Missouri BGCGKC Club sites must complete fingerprints through the Missouri Automated Criminal History Site. The volunteer coordinator will also provide you with your own unique BGCGKC Transaction Control Number to be used at your appointment. This number will ensure that the fingerprint fee is waived (without this code, you will be charged a \$41.75 fee, and this will not be reimbursed by BGCGKC). The Transaction Control Number is your own unique number and cannot be reused.
- When you complete the fingerprinting, please email a copy of your receipt to [volunteer@helpckids.org](mailto:volunteer@helpckids.org). We are unable to pull the report without the confirmation email.
- Once the final clearance has been approved, we will contact you to start your volunteer journey.

All volunteers for the Boys & Girls Clubs of Greater Kansas City are required to have an annual background check to ensure the safety of the youth participating in our programs. The Volunteer Application, Family Care Safety Registry, Background Check Disclosure, and Child Abuse and Neglect Central Registry Release of Information are required to be completed annually. A copy of your photo ID must also be submitted and will become permanent record for Human Resources files. All hard copy records will be maintained in a locked, secure area with Human Resources. All information is considered confidential and will only be shared as required for processing the appropriate background checks. **A failure to submit all the required forms will prohibit your participation as a volunteer.**

If you have any questions, please do not hesitate to contact the volunteer coordinator at [volunteer@helpckids.org](mailto:volunteer@helpckids.org) or 816-462-0123.

**GREAT FUTURES START HERE.**



**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

Applicants age 18 and over must complete this application to ensure prompt processing and placement. Please include a copy of your valid driver's license or Social Security card with the application.

## PERSONAL INFORMATION (PLEASE PRINT)

Name (First Middle Initial Last)		Date of Application
Home Address (Street, City, State, Zip Code)		Social Security Number
Phone Number ( ) -	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 Yes No Exp. Date
	CPR Certification Yes 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)

Please let us know what volunteer opportunities interest you (check all that apply) LIFE COACH HEALTH & LIFE SKILLS EDUCATION & CAREER DEVELOPMENT PUBLIC SPEAKING/CITIZENSHIP TECHNOLOGY ARTS SPECIAL EVENTS COMMUNITY SERVICE SPORTS LEAGUE COACHING	Age Group Preference Cadets/Elementary School Junior Academy/Middle School 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 Breidenthal Unit, KCK Hawthorne Unit, Independence, MO Independence Unit, Independence, MO Olathe Unit, Olathe, KS

What days/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 ____/____/____ -

<b>EMERGENCY CONTACTS (PLEASE PRINT)</b>		
Name (First Middle Initial Last)		Telephone Number ( ) -
Address (Street, City, State, Zip Code)		Relationship
<b>PERSONAL REFERENCES (PLEASE PRINT)</b>		
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
<b>AUTHORIZATION AND AGREEMENT</b>		
<p>I authorize the Boys &amp; 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.</p> <p>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</p> <p>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.</p>		
I do give consent to be included in pictures, recordings, evaluations, and screenings associated with Boys & Girls Clubs of Kansas City.		
Print Name	Signature	Date



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

*More Than 100 Years of Building Great Futures*

**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 \_\_\_\_\_

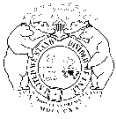
City/State/Zip \_\_\_\_\_

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.)**

- Adoptive Parent (Agency Name: \_\_\_\_\_)
- Child Care
- Foster Parent/Family Member of Foster Parent (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.)

**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

~~A one-time registration fee of \$10.00 applies to all categories except Foster Parents. Foster Parents must list the agency or 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 (if applicable.)
OTHER NAMES USED (If applicable. Include other last names, other first names, nicknames.)		DATE OF BIRTH (mm/dd/yyyy) / /	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

**CONTACT INFORMATION**

STREET ADDRESS (Must be different from Employer Street Address.)  
\_\_\_\_\_

ADDRESS LINE 2 OR PO BOX (If applicable. This line of the address must reflect where you receive your mail.)  
\_\_\_\_\_

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE ( ) -	EMAIL (Optional)		COUNTRY (Complete only if U.S. territory or 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:	<input type="checkbox"/> No Employer, because I am a(n):
EMPLOYER NAME Boys & Girls Clubs of Greater Kansas City	<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: _____)
EMPLOYER STREET ADDRESS 4001 Blue Parkway Ste 102	
EMPLOYER CITY Kansas City	
STATE MO	
ZIP 64130	
EMPLOYER TELEPHONE ( 816 ) 361 - 3600	EMPLOYER CONTACT NAME Freddie Sims
EMPLOYER CONTACT TITLE HR Generalist	

**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 requestor 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.

<b>SIGNATURE OF APPLICANT (Must be signed in blue or black ink.)</b>	<b>DATE OF SIGNATURE (Must be within six months of submission.)</b>
	/ /

Kansas Department of Social and Rehabilitation Services  
Protection Report Center Central Registry  
915 SW Harrison, 5<sup>th</sup> Floor South  
Topeka, Kansas 66612

**Child Abuse and Neglect Central Registry  
Release of Information**

I, \_\_\_\_\_ give permission for the release of any information concerning  
(please print complete first, middle & last name)

myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Human Resources

Agency Name: Boys & Girls Clubs of Greater Kansas City

Mailing Address: 4001 Blue Parkway, Suite 102

Kansas City, MO 64130

Phone Number: (816) 361-3600, ext. 230

I understand that all information released will be for the exclusive and confidential use of the above  
named organization/person/agency.

**★ ★ Please complete the information below by printing in ink. ★ ★**  
**Please print legibly. Do not leave any space blank.**

First, Middle and Last Name: \_\_\_\_\_

Maiden Name: (If female applicant, please  
provide maiden name or any other name used.  
If male applicant, please use N/A.)

\_\_\_\_\_

Married Names: (Use N/A if none available.)

\_\_\_\_\_

Nicknames or Other Names Used:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Gender:  Male  Female

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_