



Thank you for your interest in the Inspire Volunteer Program. To be considered as an Inspire volunteer, you must fill out this application. Please complete and return the enclosed documents to the ISD Foundation Office as soon as possible. **No fees are required for the background checks.**

- Inspire Application
- Criminal Record and Child Abuse
- Neglect form provided by the State of Missouri

Filling it out completely and legibly will help in processing your application more quickly. Please make sure all forms are signed. Once your application is received by the screening department, background checks will be conducted that will help move the selection process forward.

We value your participation and willingness to volunteer with kids. An Inspire representative will contact you soon regarding the next steps of the application process. If you have any questions, please do not hesitate to contact the Foundation Office at (816)521-5300 or [amy\\_knipp@isdschools.org](mailto:amy_knipp@isdschools.org).

**Inspire** to make a difference in a student's life! When you become an Inspire volunteer, you can participate in a variety of in-school activities that include mentoring an individual student, volunteering in a classroom, or assisting with special projects. Whatever you choose, it is a fun and worthwhile way to spend an hour or two each week, inspiring the students of the Independence School District.

- **Mentors** choose to make a weekly lunchtime commitment and work with an individual student, as a positive and consistent friend.
- **Helping Hands** volunteers work in schools in a variety of ways. Volunteers assist schools with daily duties that help teachers and staff. Others choose to work with an entire classroom as a tutor, a reader, or just a friendly and familiar face to help with classroom activities. Volunteers may commit to a regular schedule or an as-needed basis.
- **Facility Friends** are volunteers interested in assisting with special projects in our buildings or upkeep on our grounds. These activities are based on volunteers' availability and the need of our schools. Volunteers may commit to a regular schedule or an as-needed basis.





Office Use Only	
Application Received:	_____
Background Submitted:	_____
Date Accepted:	_____
Trained Date:	_____
Volunteer Location:	_____

**PERSONAL INFORMATION**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Email \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed      Gender:  Male  Female

Ethnicity:  African American  Asian  Asian/Pacific  Caucasian  Hispanic  Native American  Other

Group/Organization \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_

**EMPLOYER INFORMATION**

Employment Status:  Employed  Unemployed  Retired Employer

Check here if you are an employee of the Independence School District and have been cleared by the district to work with students

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

**REFERENCES**

Please list two personal references (references cannot be family members or relatives).

1. Name \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Relationship to you \_\_\_\_\_

2. Name \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Relationship to you \_\_\_\_\_

**VOLUNTEER PLACEMENT**

Preferred School \_\_\_\_\_ Preferred Age:  Any  Elementary  Middle  High School

Preferred Commitment:  Mentor Individual Student  Help in Classroom  Read to Students

How did you hear about the Inspire Program? \_\_\_\_\_

Please complete all blanks for prompt processing. Unless otherwise instructed, please mail completed form to Independence School District Foundation, Attn: Inspire, 201 N. Forest Ave., Independence, MO 64050, or send by fax to 816-521-5667 or via email in PDF format to Amy\_Knipp@isdschools.org.



**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 - (\$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	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
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 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
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER <i>HR Assistant</i>	TELEPHONE <i>816-521-5300</i>
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								
<table border="1" style="width:100%"> <tr> <td>AGENCY NAME</td> <td><i>Independence School District</i></td> </tr> <tr> <td>ATTENTION</td> <td><i>Attn: Priscilla Meinheit</i></td> </tr> <tr> <td>ADDRESS</td> <td><i>201 N. Forest Ave.</i></td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td><i>Independence, MO 64050</i></td> </tr> </table>	AGENCY NAME	<i>Independence School District</i>	ATTENTION	<i>Attn: Priscilla Meinheit</i>	ADDRESS	<i>201 N. Forest Ave.</i>	CITY, STATE, ZIP CODE	<i>Independence, MO 64050</i>	
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MISSOURI STATE HIGHWAY PATROL  
REQUEST FOR CRIMINAL RECORD CHECK

SHP-158S 11/18

PLEASE PRINT OR TYPE.

GENERAL INFORMATION

APPLICANT'S LAST NAME FIRST MIDDLE JR / SR

MAIDEN / ALIAS LAST NAME FIRST MIDDLE JR / SR

SEX  MALE  FEMALE DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER RACE  BLACK  WHITE  INDIAN  ASIAN  OTHER

ADDRESS STREET - P.O. BOX CITY STATE ZIP CODE

TYPE OF RECORD CHECK — PROCESSING FEE — METHOD OF PAYMENT

(per Sections 43.527 and 43.530, RSMo.)

\$14.00 NAME SEARCH *District Pays*  \$20.00 FINGERPRINT SEARCH  \$2.00 NOTARY LETTER  
Based on NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER.  Open Records  Open and Closed Records  
Response will be returned with all open records and records of conviction.

Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."  
**Either the Date of Birth OR Social Security Number MUST be provided for processing.**  
For faster processing criminal record checks are available online at: [www.machs.mo.gov](http://www.machs.mo.gov)

Please forward the request and fee to:  
Missouri State Highway Patrol  
Criminal Justice Information Services Division  
Post Office Box 9500  
Jefferson City, MO 65102

MSPH / CENTRAL REPOSITORY RESPONSE

SEND REPLY TO (Print or type your mailing label below.)

Telephone (include area code) (816) 521-5300  
ATTN: Triscilla Meimet  
Independence School District  
201 N. Forest Ave.  
Independence, MO 64050





## Standards of Conduct for Volunteers

Inspire Volunteers work in schools in a variety of ways. Volunteers assist schools with daily duties that help teachers and staff. Some activities may occur once a month, others more frequently.

All volunteers are asked to read and sign the following:

### Volunteer Responsibilities

- Sign in and out properly at each school visit
- Wear volunteer identification at school
- Keep all student information confidential, unless abuse or neglect is suspected; in that case, report concerns to the principal
- Telephone the school secretary to notify the student if you will be absent

### Restrictions on Electronic Communications

All communication between any student and any volunteer via telephone, text messaging, social networking and other external devices or technologies is prohibited. The prohibition includes but is not limited to Facebook, MySpace and Twitter. Any exceptions must be approved in advance by a principal and/or administrator and follow school district guidelines.

### Volunteer Guidelines

- All volunteer activities are school based
- Volunteers may not transport students
- Volunteers should minimize physical contact with students and always stay out of the “strike zone” (from shoulders to knees). Interact with students in public areas with others present. Limit physical contact to accepted gesture of greeting, guidance and praise, such as shaking hands, high fives or side hugs given only after student permission.

### Confidentiality

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the provacy of student education records. Th law applies to all schools that receive funds under and applicable program of the U.S. Department of Education.

I will comply with FERPA and maintain the confidentiality of student information and records. I have read the above and agree to follow these standards and guidelines for Inspire.

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Please print name here)

Thanks for making a difference for our young people.  
Please sign and keep a copy for reference during your volunteer experience.

