



Front Porch Alliance
Partner in Active Learning
3210 Michigan, Ave.
Kansas City, MO 64109
(816) 921-8812
erekr@frontporchalliance.org



Volunteer Application 2016-2017

All new volunteers are required to complete a Volunteer Application, complete a background screening, and attend a Volunteer Orientation. All volunteers must adhere to KCPS Board and Administrative policies. **Please print neatly. Please return your completed application to Partner in Active Learning, 3210 Michigan Ave, Kansas City, MO 64109.**

First and Last Name _____ Date ____/____/____

Mailing Address _____ City _____ State _____ Zip _____

Phone (daytime) _____ Phone (cell) _____ Phone (home) _____

Preferred email address _____

Status:

- Parent or family Retired Employed Student

Employer & title (if applicable) _____

Affiliations:

- Parent/family member Community volunteer Retired teacher
 Other (Ex. church, business or neighborhood partners) _____

How did you learn about KCPS volunteer opportunities? _____

Type of volunteer work preferred? _____

Preferred school or subject? _____

On-call (Temporary help to be arranged when needed) Yes No

Education:

- Advanced degree College degree High school/GED Less than high school
-



Criminal history:

Have you ever been convicted of a crime other than a traffic violation? Yes No

Any felony or misdemeanor? Yes No Any DUI/DWI? Yes No

Is your driver's license suspended? Yes No

Any felony, misdemeanor or municipal charges pending against you? Yes No

Have there ever been allegations, complaints or reports regarding your involvement in child abuse or neglect? Yes No

If you answered yes, please provide the date, description, and explanation of each incident.

Please list two references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity.

Name	Email or phone	Relationship
1. _____	_____	_____
2. _____	_____	_____

How long have you lived in the area? _____

Applicant's Authorization and Agreement

You have my permission to contact my employer. I understand that any omissions or misstatements made by me on this application may be cause for my application to be declined or volunteer placement to be terminated. I understand that all information, including driver's license, criminal background and child abuse/neglect records and sex offender registry, will be verified and hereby consent to such verification. I declare that all the statements I have made on this application are true, correct and complete to the best of my knowledge. I understand that the Kansas City Public Schools, at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

Applicant Signature Date

**Please return your completed application to Front Porch Alliance,
Partner in Active Learning,
3210 Michigan, Ave., Kansas City, MO 64109.**



Kansas City Public Schools is committed to providing a safe environment for students to learn. The district requires background checks of employees, volunteers, and others in positions where they will be left alone with a child. Information received by the district pursuant to a criminal and child abuse/neglect background check is confidential. Except as allowed by law, the district will only use this information for the district's internal purposes.

Registration can be completed in three easy steps!

1. Register with FCSR online (<http://health.mo.gov/safety/fcsr/>). A one-time registration fee of \$12 applies.
2. Complete a "Release of Information" form and return it to *Partner in Active Learning*
3210 Michigan, Ave.
Kansas City, MO 64109
3. Wait for notification of approval from Front Porch Alliance

Personal Information

Please Print. Provide all names you have used, starting with most recent. Include legal names and nicknames.

Last Name: _____ Gender (circle one): Male Female

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/yy) _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Contact Information

Street Address: _____ PO Box/Apt #: _____

City, State, Zip Code: _____

Home/Cell Phone: (_____) _____ - _____ Email: _____

Authorization

I certify that I am/will be registered with the Missouri Department of Health and Senior Services-Family Care Safety Registry (FCSR). I hereby authorize Kansas City Public Schools to conduct a check of records to verify background information on the FCSR website. I understand that my social security number will only be utilized to verify background information with the FCSR. I also understand I must inform the Kansas City Public Schools if I am subsequently charged or convicted of any criminal offense during my affiliation with the school district and its programs. I understand I will only have to register once with FCSR.

I hereby release and discharge the Kansas City Public Schools and its employees from any liability whatsoever as a result of inquiries or disclosures related to my background check.

Signature of Volunteer: _____ Date: _____

Office Only

Date(s) Check Conducted: _____ Initials: _____