PO Box 440 Union, MO 63084

PLEASE NOTE THIS CHANGE IN VOLUNTEER BACKGROUND CHECKS:
Parents must complete the Volunteer Registration form and Volunteer Agreement **YEARLY**. The Family Care Safety Registry is processed when received each school year. Volunteer approval will expire yearly on June 30th.

Dear Volunteer,

Thank you for taking the time to volunteer in the Union R-XI School District, we appreciate your time! Board Policy requires that you must undergo the yearly Family Care Safety Registry background screening **and** Missouri State Highway Patrol Fingerprint background search every 5 years prior to being added to our Active Volunteer List. **Please be aware that it could take two months or longer for the background check results to be returned**. As a result, please plan accordingly as you will not be placed on the Active Volunteer List until everything is complete and we have received your background check results from Family Care Safety Registry and Missouri State Highway Patrol, if applicable. Volunteer approval will expire each year on June 30 and parents will need to submit a new volunteer packet after July 1 to be added to the Volunteer list for the following school year.

1. The Volunteer Registration form and Volunteer Agreement must be returned to your child's school or Central Office to begin the process of becoming a Parent Volunteer.

2. A yearly Family Care Safety Registry background screening. If you are already registered in the Family Care Safety Registry online, you can skip this step. **The instructions for registering yourself on-line for the Family Care Safety Registry are in this packet and available online at https://webapp02.dhss.mo.gov/bsees** . There is a one-time fee of $15.25 due at registration for the background check ($14 registration fee plus $1.25 on-line processing fee). This is only due the first year you register with the Missouri Department of Health and Senior Services to volunteer and can be carried over each year by simply filling out a new Volunteer Registration form. If you are unsure if you are already registered, you may call Nickie Voss at 636-583-8626 or follow the attached directions to see if you are registered. If you do not have access to the internet in order to process your application, you are welcome to visit Central Office and we can help you register yourself.

3. The Fingerprint Background Search is required every **five (5)** years. These can now be done electronically by following the directions in the attached form from the Missouri Highway State Patrol. The current price to complete the fingerprint background check is $41.75, payable at the time of printing. If you are unsure if you have had fingerprints within the last 5 years, call your school building office and the secretaries can let you know if you are due for new prints.

Thank you for helping us to protect our students!

Any questions, please contact Nickie Voss at 636-583-8626 x1903 or vossni@unionrxi.org



PO Box 440 Union, MO 63084

Union R-XI School District Volunteer Registration

I have registered myself with MO Family Care Safety Registry Yes / No
Date registered: _____ Unsure if registered? Follow instructions attached this packet to check the Registry

Name: _____ _____ _____ _____
Last First Middle Maiden and/or Alias

Address: _____
Street City, State, Zip Code

Home Phone: _____ Daytime Phone: _____ Cell #: _____

Email Address: _____

Social Security #: _____ Date of Birth: _____

Name(s) and Grade Level(s) & Building(s) of child(ren) attending Union R-XI School District:

To the best of my knowledge, I am in good health and free from any disease which may be communicated to any child whom I might be in contact and have no past record of negative nature that might cause doubt upon the appropriateness of me working with children.

I understand that the District requires the Family Care Safety Registry background check annually and the Missouri State Highway Patrol Fingerprint Background check every five (5) years and give the District permission to complete these background checks.

Signature: _____ Date: _____

Emergency Information
In Case of Emergency, Notify: _____
Address: _____
Telephone #: _____

Medical Conditions we should be aware of (i.e. Asthma, Diabetes) _____
_____
_____
Allergies: _____
Hospital of Preference (in case of emergency): _____

PO Box 440 Union, MO 63084

Volunteer Agreement and Confidentiality Volunteer Agreement:

1. I will protect the privacy rights of all students and, therefore will not release in written, oral, or electronic form any personally identifiable information regarding any student.

2. I will not directly or indirectly contact the parents, guardians, or students without first receiving written permission to do so from the Administration or designee of the program in which I am working.

3. I will abide by and adhere to the policies and procedures of the Union R-XI School District, and in doing so, will follow instructions of, and cooperate with, school personnel including teachers, secretaries, aides, assistants, custodians, food service workers, and bus drivers.

4. I will not authorize any other person to act or serve as my substitute.

5. I will not bill the Union R-XI School District for any charges incurred as a result of my serving as a volunteer.

6. I understand the Union R-XI School District reserves the right to terminate this agreement upon notification.

8. I understand that I am not an employee of the Union R-XI School District and that the district is not responsible for any medical expenses incurred and/or any workers' compensation claims, which may accrue while under this agreement.

9. The Union R-XI School District reserves the right to obtain a background check at its discretion.

Confidentiality Obligations of the Volunteer: I agree to hold information, whether in verbal or written form, concerning any child or his/her family as confidential and privileged by law. I agree not to divulge information without the proper authorization, in accordance with state statute 610.010 et seg., R.S. MO, the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g, the Individuals with Disabilities in Education Act, 20 U.S.C. 1400 et seg., and interagency agreements. I understand that release of information in verbal, written, or electronic form to any unauthorized person(s) is forbidden and may be grounds for legal and/or disciplinary action. During the performance of my assigned duties, I may have access to confidential information, and records required for effective child and family service coordination and delivery. I agree that all discussion, deliberations, information, and records generated or maintained in connection with these activities will be handled and stored appropriately and will not be disclosed to any unauthorized person(s). My signature below indicates that I agree with and will adhere to the above provisions and the attached Board Policy IICC-AP1.

Printed Name: _____

Signature: _____ Date: _____

Website: **https://webapp02.dhss.mo.gov/bsees**

Register Online with the Family Care Safety Registry

The Family Care Safety Registry (FCSR) helps protect seniors, children, and the disabled by conducting background screenings on long term care workers, child care workers, and personal care workers. If you are an employee or a job applicant in one of these fields, you must register with the FCSR before background screenings can be requested. Registering with the FCSR means you will provide personal information and agree to background screenings for employment purposes as defined in state law. There is a one-time registration fee of $14.00.

Submitting your registration online is faster than the mail. Instead of the cost of a stamp, a $1.25 processing charge will be added to your fee.

NOTE

You may be asked to supply a copy of your Social Security card or other verification document after the FCSR receives your registration information.

To register online you will need:

- Internet access
- Your Social Security number
- Your email address
- A credit card or debit card

The online system works best with Internet Explorer.

The web address to access the FCSR Background Screening and Employment Eligibility System (BSEES) for online registration can be found at the end of this document.



From the FCSR-BSEES homepage, click the **Registration** button to begin.

From the submenu, click **Register Online**.



Read the Welcome to Registration Information. When ready, click the tab for **Is A Person Registered** to continue.



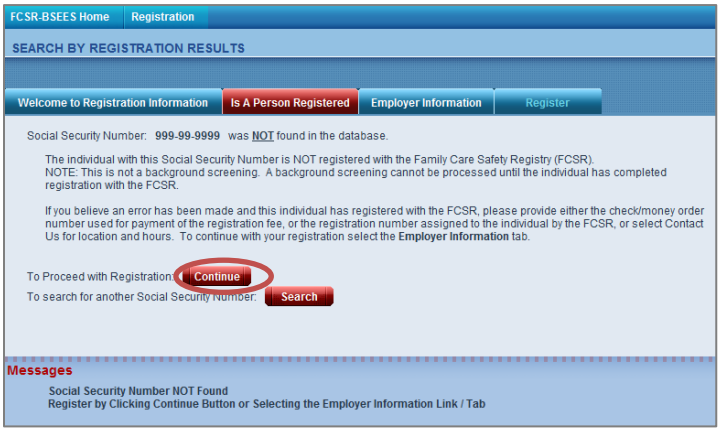
NOTE

You will see a **Messages** section on each page. Informational messages will be in black text. Error messages will be red.

Enter your Social Security number in the appropriate fields on the **Is A Person Registered** screen. Enter the security text/number shown on your screen. Click the **Search** button.



You should be notified that your Social Security number was not found in the database.

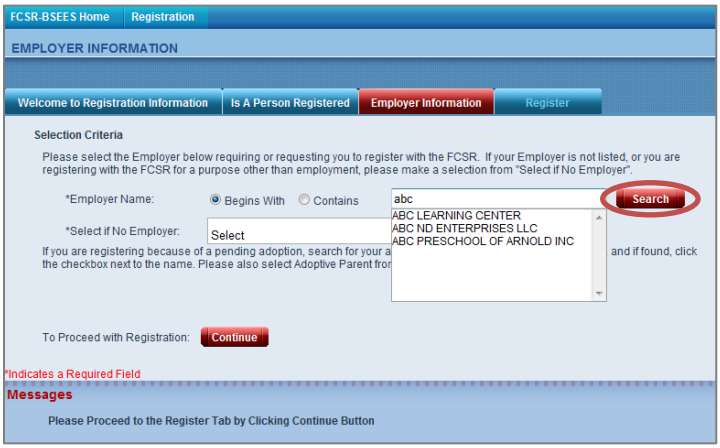


NOTE

If you were notified that your Social Security number **was** found in the database, you may already be registered with the FCSR. If your Social Security number was found and you do not believe you have registered in the past, call the FCSR toll-free at 866-422-6872.

Click the **Continue** button.

Either enter an **Employer Name** (current or potential) ***or*** make a selection from **Select if No Employer**.



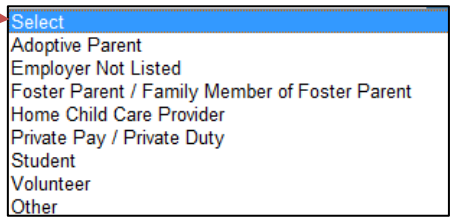
To enter an employer name, set your search criteria to either **Begins With** or **Contains**. Begin typing part of the employer name. As you type, a drop down list may appear. You may select an employer name from the drop down list *or* you can use what you've typed thus far.

Click the **Search** button.

After clicking the Search button, you should receive a list of one or more employer names from our database. If the correct employer is shown, click to checkmark the box by the employer name.



If the employer is not found in the database, or if you have another reason for registering, make the appropriate selection from the **Select if No Employer** field.



After you have made a selection for either the Employer Name or the Select if No Employer field (or both if applicable), click the **Continue** button.

NOTE

If you are registering with the FCSR so you can be screened as an adoptive parent, please search for the adoption agency in the Employer Name field **and** choose Adoptive Parent from the Select if No Employer field.

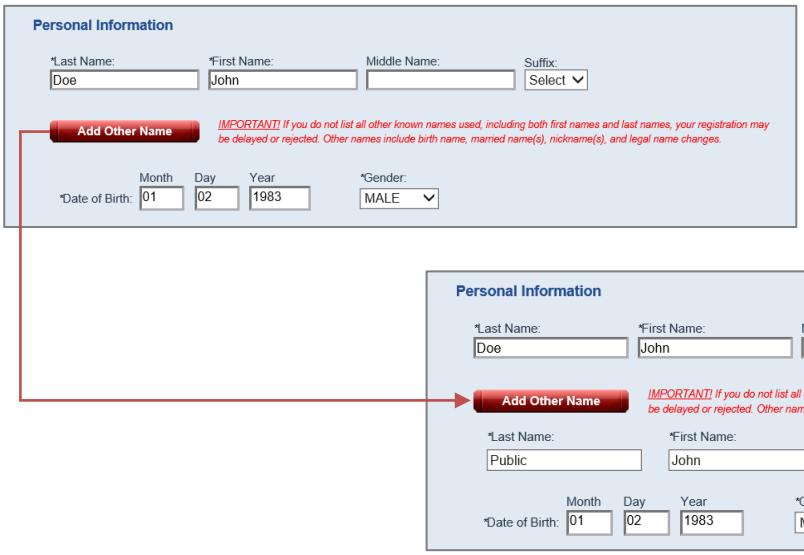
Now enter your personal information. First, select one or more **Registration Type(s)** by clicking to checkmark the appropriate box(es). Depending on what you select, subcategories may be opened for additional selections.



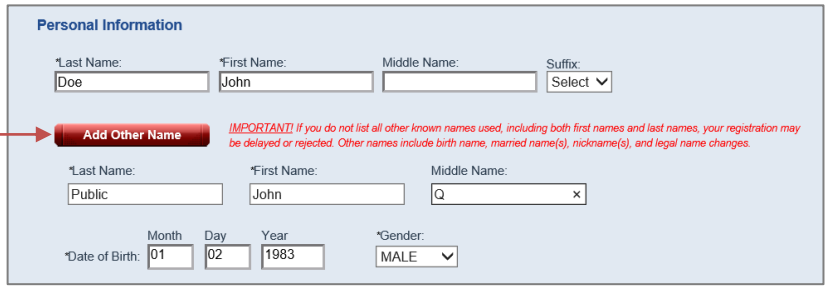


Select ***only*** the category(ies) that best describe your reason for registering with the FCSR at this time.

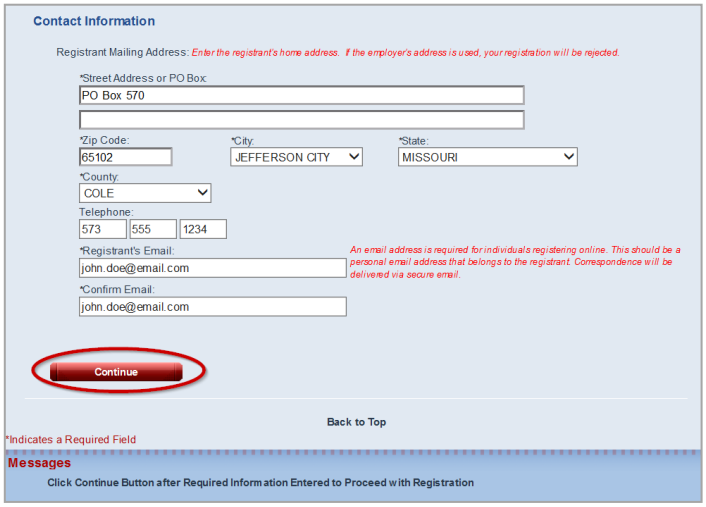
Next, enter your personal information.



As needed, click the **Add Other Name** button to add an additional entry field (or fields) for any other names you have used, such as a nickname, birth or married names, etc.



Finally, enter your contact information.



Click the **Continue** button after all required information is entered.

Click to checkmark the box by the address line that best reflects your address. You must make one selection. Select **Use Address Entered Above** if the standard address result provided does not reflect your mailing address.

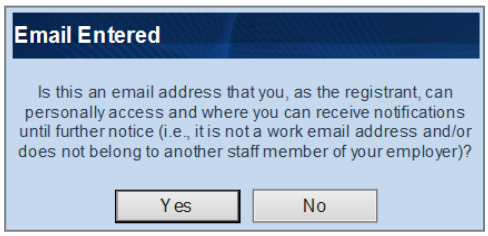
Click the **Save** button.



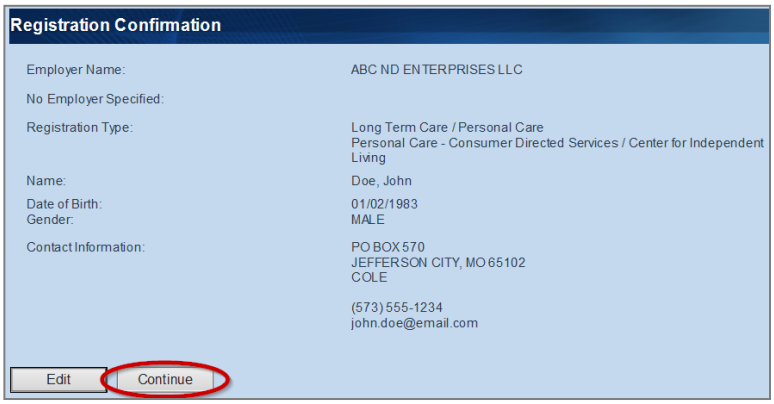
After you enter an email address, you are asked to confirm it is an email address where you can receive your personal copy of FCSR notifications. The email address should belong to you, not to your employer or another staff member.

Click **Yes** if the email address entered is one you access.

Click **No** to change the email address in your Contact Information now.



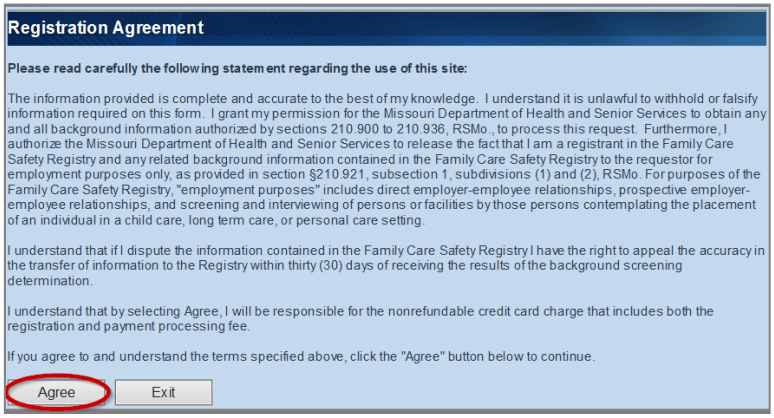
Confirm that all information entered is correct.



Click the **Edit** button if there is an error.

Click the **Continue** button if your information is entered correctly.

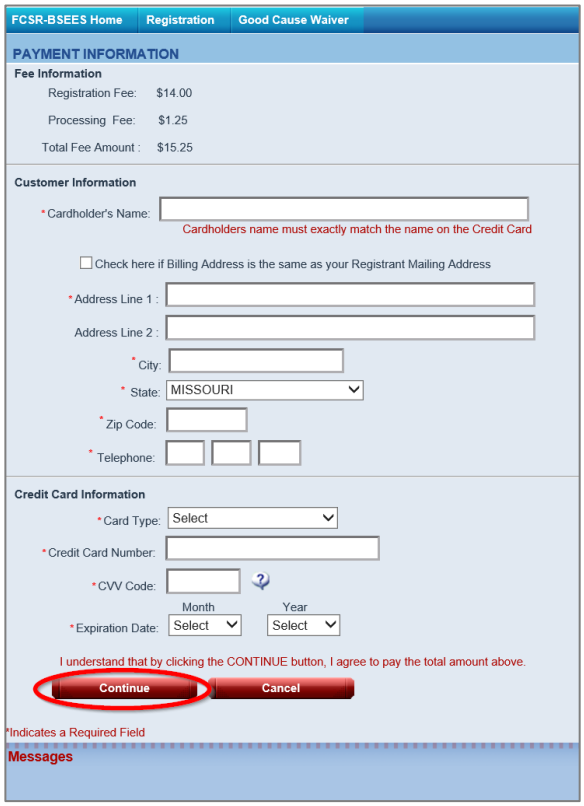
Carefully read the Registration Agreement.



If you agree to the statement, click the **Agree** button.

Clicking the **Exit** button will terminate your registration attempt and all information entered will be deleted.

Enter your payment information.



Click the **Continue** button after entering all required information.

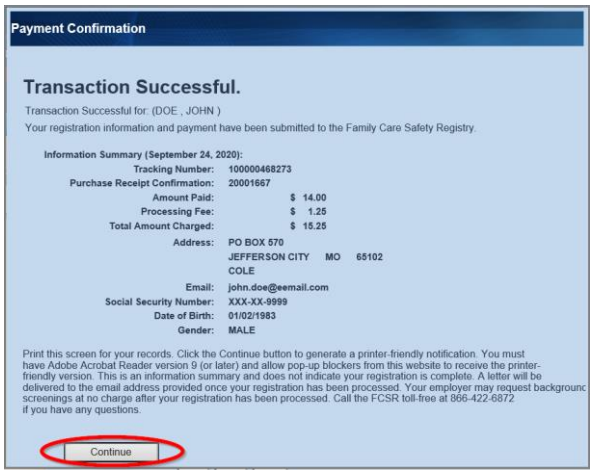
Clicking the **Cancel** button will terminate your registration attempt and all information will be deleted.

Confirm the payment information was entered correctly.



Click the **Edit** button to re-enter payment information if needed.

Click the **Continue** button to finish your submission and receive a transaction confirmation.



You should receive a Transaction Successful notification. It may contain an information summary which can be printed now. Click the **Continue** button for a printer-friendly confirmation of registration submission and payment information to the FCSR.

NOTE

If your transaction was declined or failed, you may start over and submit again.

Your printer-friendly confirmation of registration submission and payment information will open in a new window. Print the notification using the Adobe Acrobat Reader print button.



Missouri Department of Health and Senior Services

Family Care Safety Registry
Background Screening and Employment Eligibility System

NOTE

The printer-friendly confirmation requires:

- The free Adobe Acrobat Reader software, Version 9 or higher
- Pop-up blocker settings be modified to allow pop-ups from *.dhss.mo.gov

Go to https://healthapps.dhss.mo.gov/BSEES/Main.aspx to submit your FCSR registration online.

What happens next? FCSR staff will review your registration information and contact you with any questions. After the registration is processed, FCSR will complete an introductory screening and send the results attached to an encrypted email. Eligible employers can request your background information at no charge. You will be notified anytime your background information is provided. Keep your contact information up to date to ensure you receive these notifications. Inform the FCSR of any name changes as well as contact information changes.

Missouri Department of Health and Senior Services
Family Care Safety Registry
PO Box 570
Jefferson City, MO 65102
Toll-free: (866) 422-6872
Fax: (573) 522-6981
www.health.mo.gov/safety/fcsr

Administrative Procedure IICC-AP(1): SCHOOL VOLUNTEERS

Status: ADOPTED

Original Adopted Date: 11/16/2005 **| Last Revised Date:** 07/15/2020 **| Last Reviewed Date:** 07/15/2020

Definitions

Volunteer – A person, usually a parent or guardian, who assists the district staff and is under the direction of district staff. A volunteer may periodically be responsible for and/or alone with students. A volunteer would include, but not be limited to, room parents or persons who volunteer to assist with field days, field trips or other special occasions. As used in this procedure, a "volunteer" does not include students participating in a district-sponsored program, such as tutoring or acting as an office or teaching assistant.

The district will conduct screening and criminal background checks on volunteers as required by law and policy GBEBC.

Visitor – A person entering the school during the business day for a short period of time is considered a visitor. All visitors during business hours, including Board members, must check in using the district visitor management system at the building office prior to proceeding elsewhere in the building. Please reference policy KK (Visitors to District Property/Events) for more information.

All Volunteers

Volunteering in the district is a privilege, not a right. The Board, superintendent, principal or designee may decline or terminate the services of a volunteer for any legal reason. Building principals or designees are responsible for approval of the screened volunteers to be placed in their buildings. Teachers may select and organize volunteers unless directed otherwise by the principal.

All volunteers must receive training appropriate to the function they will serve while volunteering. If a volunteer is disruptive or acts inappropriately around the students, the teacher or principal will refuse the volunteer's services and notify the superintendent or designee immediately.

Volunteers will provide support services but are not substitutes for district staff. Volunteers will work under the direction and supervision of district and building staff. Even screened volunteers who are left alone with a student will have an employee contact person or supervisor to monitor activities with students.

All district-approved volunteers will be given a copy of the following rules:

1. Volunteers must follow the same dress code applicable to students.

2. Volunteers will not lend money or bring gifts other than stickers and greeting cards to individual students unless authorized by the building principal or designee.

3. Volunteers will not photograph or videotape students unless authorized by the building principal or designee.

4. Volunteers will not date students or have sexual relationships with students. The district expects all adult volunteers to maintain the same professional boundaries with students that are expected of staff members, as detailed in policy GBH.

5. Volunteers will not supply medication to students.

6. Volunteers will use universal precautions to avoid contact with body fluids.

7. Volunteers will receive district policies and procedures on computer use and will sign an authorized user form prior to having access to the district's computers.

8. In accordance with district policy, volunteers will not discriminate against or harass any person and will report all harassment or discrimination observed.

9. Volunteers will not search students or student property.

10. Volunteers must sign in and out of the office when entering or leaving the school.

11. Volunteers must report suspected cases of abuse or neglect to the building principal.

12. Volunteers will follow all the policies, procedures and other rules established in the district and all applicable laws.

* * * * * * * *

Note: The reader is encouraged to review policies and/or forms for related information in this administrative area.

Missouri State Highway Patrol
Applicant Fingerprint Services of Missouri

Reset Form Print Form

Applicant Fingerprint Form for State and FBI Criminal History Background Checks

Section One: Agency Information

PARENT VOLUNTEERS ONLY

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER: 0678

Agency Name: Union R-XI School District

Agency ORI: MO921441Z Agency OCA: _____

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
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) and Universal Enrollment ID (UEID) for future reference.
8. UEID and DOB or method of contact and DOB will be required at the fingerprint vendor location to search for your registration.

Select "Yes" to question if a volunteer for the District

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.

Important Notice Concerning Your Fingerprint-based Background Check

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you must understand that by mailing your fingerprints to the Missouri State Highway Patrol or to Cogent, the Missouri Fingerprint Services vendor, you hereby agree to the following:

- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol (MSHP) and/or the Federal Bureau of Investigation (FBI).
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including your fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in MSHP and/or FBI files. Such data will be subject to comparisons against other submissions received by the MSHP and/or the FBI and to further disseminations by the MSHP or the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)) or Missouri Revised Statutes.
- Any future updates made to your arrest record may also be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

Questions about this notice may be directed to the Missouri State Highway Patrol Criminal Justice Information Services Division at 573-526-6153 or machs@mshp.dps.mo.gov

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- **You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.**
- **If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.**
- **The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.[2]**

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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[1] Written notification includes electronic notification, but excludes oral notification.
[2] See 28 CFR 50.12(b).
[3] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).