St. Louis Children’s Hospital
Volunteer Applicant Reference

RELATIVES MAY NOT BE USED AS REFERENCES

| Applicant’s Name: __________________________ |
| Referee’s Name: __________________________  | Referee’s Phone Number: ____________________ |
| Referee’s Email Address: ____________________ |
| Relationship to the applicant: _____________ | How long have you known the applicant? ______ |

Thank you for taking the time to serve as a reference for the volunteer applicant named above. Your reference is important in helping us decide whether to accept this applicant as a volunteer. Please take a few minutes to tell us how you perceive the applicant’s ability to perform in each of the following areas. If you have not observed the applicant in any of the areas below, please indicate so by checking N/A for non-applicable.

<table>
<thead>
<tr>
<th>With a checkmark below, please rate the applicant’s ability to:</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Fair</th>
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Comments (may continue on back):

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__________________________________________________________

Referee Signature: __________________________________________  Date: ____________________
St. Louis Children’s Hospital
Volunteer Applicant Reference

Applicant’s Name: __________________________

Referee’s Name: ___________________________ Referee’s Phone Number: ________________

Referee’s Email Address: ________________________________________________________________

Relationship to the applicant: ______________ How long have you known the applicant? ________

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Referee Signature: ___________________________________________________________ Date: ________________
All volunteer applicants must complete the information below (please print):

First Name: __________________________  Middle Name: __________________________  Last Name: __________________________

Alias/Nickname: ___________________________________________________________

Date of Birth (MM/DD/YY): __________________________  Sex: ______  Social Security #: _____ - ____ - ________

Only volunteer applicants age 18 and over, must complete the information below for our office to complete a background check. A background check is required on all applicants over 18 years of age.

Current Address:  
Street: __________________________
City: ________________ State: ______ ZIP: ________

Permanent Address:
Street: __________________________
City: ________________ State: ______ ZIP: ________

Address within the Last Five Years (only necessary if different than those addresses provided above):
Street: __________________________
City: ________________ State: ______ ZIP: ________

Other than minor traffic offenses in which the fine imposed was $100 or less, have you ever:

☐ No ☐ Yes  Been convicted of a crime (misdemeanor or felony)?
☐ No ☐ Yes  Received a probated sentence (including deferred adjudication) for an alleged crime?
☐ No ☐ Yes  Been assigned a probation officer?
☐ No ☐ Yes  Plead guilty, no contest, or nolo contendere to an alleged crime?
☐ No ☐ Yes  Been made the subject of a complaint or investigation concerning alleged child or elder abuse or neglect?
☐ No ☐ Yes  Been listed on the employee disqualification list maintained by the Missouri Division of Social Services, or any other state?

If you answered YES to any of the above, please specify the offense, date, place, and court which has a record thereof:
___________________________________________________________________________________________
___________________________________________________________________________________________

By signing this form, I agree to the following:

I authorize the release of any criminal history records and information to St. Louis Children’s Hospital.

I understand that my volunteer assignment is contingent upon a clean background check.

I understand that St. Louis Children’s Hospital will conduct a child abuse screening on me through the Division of Family Services and a criminal background check.

I release from all liability or responsibility all persons or organizations requesting or supplying information regarding my character and qualifications.

I have provided information, which is true and complete to the best of my knowledge.

If I have provided false information, I may not be allowed to volunteer or I may be dismissed in the future.

Signature of Applicant: __________________________  Date: __________________________

For office use only:
☐ OIG  ☐ One Screen  Date Started: __________________________
☐ DFS  ☐ EDL  __________________________  Date Completed: __________________________
**Authorization Form**

**Background Check Advantage**

**Children's Hospital - St. Louis**

**First Name**

**Middle Name**

**Last Name**

**Alias/Maiden Name(s)**

**Will Employee's Salary Exceed $75,000?**

- [ ] No
- [ ] Yes

**Social Security Number**

**Date of Birth**

**Race**

**Gender**

- [ ] Male
- [ ] Female

**Mailing Address (NO P.O. Boxes)**

**City**

**State**

**Zip**

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As part of the □ employment □ volunteer □ student □ credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for employment □ volunteer □ student □ credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports.

**Signature of Applicant**

**DATE:** __________ / __________ / __________

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**Background Searches**

- [ ] OIG (Medicare/Medicaid Fraud & Abuse)
- [ ] GSA (Federal Procurement Fraud)
- [ ] **FCSR**
- [ ] SSN Plus (Address & Alias Name are included)
- [ ] FDA Debarment List
- [ ] Government Watch List (includes DOE Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)
- [ ] Wants & Warrants** (Nationwide - extraditable only)
- [ ] OFAC (Specially Designated Nationals and Blocked Persons List)
- [ ] MO-EDL (Employee Disqualification List)

**Sex offender** □ Nationwide or □ State

**Federal Courts Criminal** (past 7 years) □ Nationwide or □ State

**Driving Record** State:

**Professional License** □ National or □ State

**LA Direct Service Worker**

**Type:** ____________________________ License #: ____________________________

**Education** School Name (include campus):

City/State: ____________________________ / ____________________________

Major: ____________________________

Graduation Date: __________ / __________

Degree Type: ____________________________

(If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.)

**Character Reference** □ Personal □ Professional: Name: ____________________________ Phone: __________ / __________

**Employment** Company: ____________________________

City/State: ____________________________ / ____________________________

Phone: __________ / __________

Manager: ____________________________

Start Date: __________ / __________

End Date: __________ / __________

Title: ____________________________

Starting Wage: $__________________ Ending Wage: $__________________

Duties:

**Reason for Leaving:**

(If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.)

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**List City/County Criminal Searches Needed**

States with county by county access only: CA, LA, MA, NV, WV, and WY

**County 1:** ____________________________ **State:** ____________________________

**County 2:** ____________________________ **State:** ____________________________

**County 3:** ____________________________ **State:** ____________________________

**Statewide Criminal** - A Statewide/State Repository houses records from all jurisdictions throughout the State

- [ ] AL*
- [ ] AK*
- [ ] AZ
- [ ] AR*
- [ ] CO
- [ ] CT
- [ ] DE
- [ ] DC*
- [ ] FL
- [ ] GA*
- [ ] HI
- [ ] ID**
- [ ] IN
- [ ] IA*
- [ ] KS
- [ ] KY
- [ ] ME
- [ ] MA
- [ ] MD
- [ ] MN
- [ ] MO
- [ ] MS*
- [ ] MT
- [ ] NE
- [ ] NH**
- [ ] NJ
- [ ] NM*
- [ ] NY*
- [ ] NC*
- [ ] ND
- [ ] OH*
- [ ] OK
- [ ] OR*
- [ ] PA
- [ ] RI*
- [ ] SC
- [ ] SD
- [ ] TN
- [ ] TX
- [ ] UT*
- [ ] VA*
- [ ] VT*
- [ ] WA
- [ ] WI
- [ ] U.S. Virgin Islands

Note: Ohio & GA are Felony Only

- [ ] Illinois Statewide Criminal-compliant with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal Name Only)
- [ ] International Criminal

MO includes MO Sex Offender results at no additional cost (MO State Highway Patrol Full-State Repository Criminal search)

**Requires Form(s)** & **Requires SPECIAL Form(s)** must be ATTACHED when ordering or faxed to 573-893-7669