

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.

With a checkmark below, please rate the applicant's ability to:	Excellent	Very Good	Average	Fair	Poor	N/A
Work with children						
Fulfill commitments and responsibilities						
Maintain confidentiality						
Exhibit emotional maturity						
Communicate verbally						
Take initiative						
Be courteous and polite to others						
Work as a member of a team						
Accept redirection or constructive criticism						
Follow instructions						
Work independently						
Perform tasks						
Understand and adhere to organizational structure, policies and procedures						
Manage stressful situations						
Be flexible/adaptable to change						
Be prompt						

Comments (*may continue on back*): _____

Referee Signature: _____ Date: _____

St. Louis Children's Hospital Volunteer Applicant Reference



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Referee's Name: _____	Referee's Phone Number: _____
Referee's Email Address: _____	
Relationship to the applicant: _____	How long have you known the applicant? _____

RELATIVES MAY NOT BE USED AS REFERENCES

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.

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Be flexible/adaptable to change						
Be prompt						

Comments (may continue on back): _____

Referee Signature: _____ Date: _____

St. Louis Children's Hospital Volunteer Applicant Background Check Release Form



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
- DFS EDL _____

Date Started: _____

Date Completed: _____

AUTHORIZATION FORM – www.backgroundcheckadvantage.com

6/25/2014



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

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. This consent will remain effective until I have affirmatively revoked it.

DATE: ____/____/____

Signature of Applicant

BACKGROUND SEARCHES

- OIG (Medicare/Medicaid Fraud & Abuse) GSA (Federal Procurement Fraud) **FCSR
SSN Plus (Address & Alias Name are included) Address Verification Alias Name Search
Government Watch List (includes DOC 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)
Child Abuse/Neglect – IL** IA** KS** MO* NE** TN
*MO Mental Health Employee Disqualification Registry MO EDL (Employee Disqualification List)
FEDERAL COURTS - Criminal State 1: _____ 2: _____ SEX OFFENDER Nationwide or State 1: _____
DRIVING RECORD State _____ DL# _____
PROFESSIONAL LICENSE National or State _____
Type: _____ License Number: _____
EDUCATION School Name (include campus): _____
City/State: _____ / _____ Major: _____ Graduation Date: ____/____
Degree Type: _____ (BSN, B.A., etc.) Name While Attending: _____
If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.
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.

LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED

States with county by county access only: CA, 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 LA* MA ME MD
 MI MN MS* MT NE NV* NH** NJ NM* NY*
 NC ND OH OK OR* PA RI* SC SD TN
 TX UT* VA* VT* WA WI

Note: Louisiana, Nevada & Ohio are Felony Only

- *Puerto Rico Repository (Felony Only search & requires Mother's Maiden Name & Address) _____
 Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal)
 MO-includes MO Sex Offender search at no additional cost (MO State Highway Patrol Full-State Repository Criminal)

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

St. Louis Children's Hospital

Volunteer Applicant Parental Consent Form



Parental/Guardian Permission (required for applicants under the age of 18):

I, the parent/guardian of _____ grant permission for my child to volunteer at St. Louis Children's Hospital. (Printed Name of Volunteer Applicant)

I have read/agree _____ to the following statements: (Printed Name of Parent/Guardian)

- I understand my child is required to provide record of the following immunizations before he or she can begin volunteering:
 - 2 MMR (Measles, Mumps and Rubella) vaccines
 - 2 Varicella (Chicken Pox) vaccines or proof of having Chicken Pox from a physician
 - Tdap (Tetanus, Diphtheria, Pertussis)
 - TB test results (From the current year; reflecting the date placed, the date read and the final results)
 - Flu shot (Mandatory during Flu Season from October thru April)
- I will provide a current copy of my child's immunization records from school or a health care provider.
- I give permission for my child to receive a TB test free of charge by Occupational Health at St. Louis Children's Hospital if a record cannot be produced.
- I understand a seasonal Flu Shot is required annually (October – April).
- I have provided information, which is true and complete to the best of my knowledge.
- If I have provided false information, I understand my child may not be allowed to volunteer or may be dismissed in the future.
- I understand that any misuse of information is grounds for termination of my child's volunteer service without prior notice.

Signature of Volunteer Applicant: _____

Date: _____

Signature of Parent/ Guardian: _____

Date: _____

*** Please review the Volunteer Application Process carefully. Each volunteer applicant must send all of his or her required forms at one time. We will not accept incomplete forms or forms sent separately. If the required forms are not sent at once, the individual's application packet will be considered incomplete and will not proceed through the Volunteer on-boarding process.*

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