



SCREENED VOLUNTEER INFORMATION

Because the safety of our scholars is our highest priority, Momentum Academy asks that you participate in an approval process before spending time in the schools with our scholars.

State, federal law and district policy requires that persons authorized to have unsupervised contact with students: undergo background checks, follow Momentum's policies and procedures, and keep student information confidential.

Screened Volunteer Approval Process:

1. Request a Screened Volunteer Application from the Office Manager, and return the completed form to the main office of the school you are interested in volunteering with.
2. Authorize Momentum Academy to complete a background check by registering with the Family Care Safety Registry at <http://health.mo.gov/safety/fcsr/> (Click Register Online!). There is a \$15.25 fee to register with the Family Care Safety Registry.
3. Register to have your fingerprints taken. See instructions attached. The processing time for a fingerprint-based background search is generally seven to ten business days. The cost is \$41.75 per applicant. To schedule an appointment with IDEMIA or to view fingerprint locations, you may access the MACHS Fingerprint Search Portal below or call IDEMIA toll free at (844) 543-9712. Fingerprint Code: 8377
4. Bring your completed Screened Volunteer Application to the main office of the Momentum Academy campus of your choice. **We will make a copy of your driver's license or government issued photo ID.**
5. Momentum Academy will contact you once you are eligible to volunteer.

Momentum Academy St. Louis Campus Locations

Tower Grove South
3716 Morganford Rd.
St. Louis, MO 63116
P. 314.571.5762
F. 314.664.6250

Fox Park
2617 Shenandoah Ave.
St. Louis, MO 63104
P. 314.450.7651
F. 314.735.4471

Tower Grove East
2900 S. Grand Blvd.
St. Louis, MO 63118
P. 314.376.3480
F. 314.930.2452

Gravois Park
3630 Ohio Ave.
St. Louis, MO 63118
P. 314.236.3300
F. 314.561.9566



SCREENED VOLUNTEER APPLICATION

As a volunteer, I agree to abide by the policies of Momentum Academy and I confirm that all my answers to the questions in the application are accurate and complete. Permission is granted to Momentum Academy to verify all statements in this application. This permission includes information from criminal record agencies and databases.

I understand that my services may be rejected by Momentum Academy. I understand that my status as a volunteer does not allow me to perform research in the schools, including access to privileged or confidential information about staff, student records, or gathering statistical data, interviewing students, administering surveys or taking part in other data collection activities in the schools.

I have read the above statement and accept the same as a condition of volunteering by Momentum Academy

Signature

Date

School/ Program / Agency / Organization

VOLUNTEER NAME: _____

ADDRESS: _____ (number / street)

_____ (city / state / zip)

PHONE/S: (home) _____ (work/cell) _____

EMAIL: _____

Social Security Number _____ - _____ - _____ DATE OF BIRTH ____/____/____

I currently have a child enrolled in Momentum Academy Schools Yes No

VOLUNTEER INTERESTS: Indicate grade level preference: K-5 6-8

Indicate which service/s you would like to provide:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Library | <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Family Involvement |
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Events | <input type="checkbox"/> Field Trip Chaperone | <input type="checkbox"/> Playground Assistant |
| <input type="checkbox"/> Music | <input type="checkbox"/> Sports | <input type="checkbox"/> After school program | |
| <input type="checkbox"/> Tutor (subject): _____ | | | |
| <input type="checkbox"/> Other: _____ | | | |

Mark the days of the week and times you can volunteer:

DAY (S) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

TIME(S) AM AM AM AM AM

PM PM PM PM PM



EMERGENCY CONTACT & MEDICAL INFORMATION

Name: _____

Relationship to you: _____ Phone: _____

Physician's name/phone Preferred Hospital: _____

Please list any pertinent information that would be of value to the nurse, such as allergies, special medication, diabetic condition, etc. _____

Are you related to a student(s) enrolled in Momentum Academy ? Yes No

Parent Grandparent Sibling Other _____

Student name: _____

What school(s) do they attend? _____

Have you volunteered with Momentum Academy in the past? Yes No

If yes: Year(s) _____

CRIMINAL HISTORY

1. Have you ever been convicted, plead guilty to, or received a suspended imposition of sentence for a felony?

Yes No If Yes, please explain type of felony and the date and county of conviction?

2. Other than a traffic violation, have you been convicted, plead guilty to, or received a suspended imposition of sentence for a misdemeanor? Yes No

If Yes, please explain type of misdemeanor and the date and county of conviction:

3. Do you have any criminal charges pending against you? Yes No

4. Have you ever been convicted of a sex or drug related offense or crime of violence? Yes No

5. Are you required to register as a sex offender under Missouri Chapter 584 RSMO? Yes No

Signature

Date

Next, read and sign the Background Screening and Information Authorization form. Return completed Application and Forms to the campus you are interested in volunteering with.



BACKGROUND SCREENING INFORMATION AND AUTHORIZATION

A SCREENED VOLUNTEER MAY PERIODICALLY BE LEFT ALONE WITH STUDENTS. Any person who wishes to become a Screened Volunteer with Momentum Academy, must complete the following application and register to have your fingerprints taken. This application, along with the background screening will be reviewed and permission will either be approved or denied.

I would like to be a screened volunteer at the following schools: _____

I, _____, know it is possible I may see or hear confidential student information. I will protect the privacy rights of all students and, therefore, shall not release in written, electronic, video, oral form any personally identifiable information regarding any student. I will not divulge this information to other members of the public. I understand that if I fail to respect student privacy rights and confidential information I will be prohibited from volunteering at Momentum Academy schools.

I give permission to have my personal and all information provided in this application researched, and hold Momentum Academy and any individuals providing the district with information harmless. It is possible that as a volunteer I may have more than occasional or infrequent contact with students. Under Missouri law I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution and likely fine and imprisonment. I hereby give Momentum Academy the right to conduct a police background check on me prior to approving my application. My signature below indicates that I declare, under penalty of perjury, that I have not suffered convictions for sex or drug related offenses or for crimes of violence, there are no criminal charges pending against me, and that I am not a registered sex offender. My signature below indicates that I agree to abide by the district standards, policies and procedures, and I understand that if I fail to do so, I will be prohibited from volunteering within Momentum Academy Schools.

Signature

Date