



Dear Prospective Volunteer,

Thank you so much for considering to volunteer for Rape and Abuse Crisis Service (RACS)! We would not be able to provide cost free services to survivors of domestic violence, sexual assault, and stalking without the kindness and consideration of volunteers like yourself.

This packet contains all of the information needed for you to begin volunteering for RACS. Please review our volunteer handbook prior to completing this virtual application. Thank you!

The packet contains the following forms:

- *Volunteer Application*
- *Media Release Form*
- *Criminal Background Check Form (RACS will pay for the background check processing fee)*
- *Volunteer Handbook Receipt and Acknowledgment Form*
- *Confidentiality Agreement Form*
- *Release of Information Form*

Please complete this virtual form and submit. Once submitted, you will be asked to verify your email address. RACS will review your application and get back with you to continue the application process.

For questions please call 573-634-8346. Thank you again for donating your time and your talents to ensure that survivors have an opportunity to find healing and hope.

Yours in Service,

Angela Hirsch, Executive Director

Rape & Abuse Crisis Service

Volunteer Application

(All information is confidential)



Name:

Date of Birth:

Phone Number:

Email:

Are you: **Employed** **Unemployed** **Retired** **Student**

Employer/School Attended:

Have you ever been convicted of a misdemeanor? **Yes** **No**

If yes, please explain:

Have you ever been convicted of a felony? **Yes** **No**

If yes, please explain:

References

Name: **Email:** **Phone:**

Name: **Email:** **Phone:**

Emergency Contact

Name: **Email:** **Phone:**

Days and Times Available

Monday:	AM	PM	Both	Friday:	AM	PM	Both
Tuesday:	AM	PM	Both	Saturday:	AM	PM	Both
Wednesday:	AM	PM	Both	Sunday:	AM	PM	Both
Thursday:	AM	PM	Both				

Skills and Interests

Do you have any special skills that might be useful as a volunteer at RACS?

What RACS volunteer opportunities interest you (Select all that apply)?

For a detailed description of all RACS volunteer opportunities please visit our website at <https://racsic.org/get-involved/> and click on the “Volunteer Opportunity Descriptions” button.

Volunteer Option which requires Board approval and Board Member Training (1 hour)

RACS Board Of Directors Membership

Volunteer Options which require the completion of RACS Volunteer Orientation (1.5 hours)

Landscaping and Facility Maintenance Assistance

Grocery Pick-Up Volunteer

Garden Program Volunteer

Board Committee Service*

Volunteer Options which require a Background check and RACS Volunteer Orientation Training (1.5 hours)

Childcare Volunteer AM/PM Options

Volunteer Options which require a Background check, Volunteer Orientation, and additional training. These Opportunities provide volunteers with an opportunity to engage in crisis intervention and direct survivor support.

Hotline Advocacy

Hospital Advocacy

Shelter Relief

***If you selected Board Committee service, please indicate which committees interest you:**

Awareness Committee

Building & Maintenance

Finance

Fundraising

Planning & Oversight

Nominating & Personal

RACS Media Release Form



I, _____, grant permission to the Jefferson City Rape & Abuse Crisis Service (RACS), use the following:

(Check All That Apply)

- My Full Name
- My First Name Only
- You may use my photo

This information can be used by RACS in the following ways:

- Videos
- Email Blasts
- Recruiting
- Brochures
- Newsletters
- Magazines
- General Publications
- Website and/or Affiliates
- Other:

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the aboved named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature:

Date:

Signature of parent or legal guardian if under the age of 18:

RACS Representative Signature:

Date:



MISSOURI STATE HIGHWAY PATROL
REQUEST FOR CRIMINAL RECORD CHECK

SHP-158S 11/18

PLEASE PRINT OR TYPE.

GENERAL INFORMATION

APPLICANT'S LAST NAME FIRST MIDDLE JR / SR

MAIDEN / ALIAS LAST NAME FIRST MIDDLE JR / SR

SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	RACE	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE	<input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN	<input type="checkbox"/> OTHER
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ADDRESS STREET - P.O. BOX CITY STATE ZIP CODE

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TYPE OF RECORD CHECK — PROCESSING FEE — METHOD OF PAYMENT

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(per Sections 43.527 and 43.530, RSMo.)

- | | | |
|--|---|--|
| <input type="checkbox"/> \$14.00 NAME SEARCH
Based on NAME, DATE OF BIRTH,
AND SOCIAL SECURITY NUMBER.
Response will be returned with all open
records and records of conviction. | <input type="checkbox"/> \$20.00 FINGERPRINT SEARCH
<input type="checkbox"/> Open Records
<input type="checkbox"/> Open and Closed Records | <input type="checkbox"/> \$2.00 NOTARY LETTER |
|--|---|--|

Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."
Either the Date of Birth OR Social Security Number MUST be provided for processing.
For faster processing criminal record checks are available online at: www.machs.mo.gov

Please forward the request and fee to:
**Missouri State Highway Patrol
Criminal Justice Information Services Division
Post Office Box 9500
Jefferson City, MO 65102**

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MSHP / CENTRAL REPOSITORY RESPONSE

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SEND REPLY TO (Print or type your mailing label below.)

Telephone (include area code) _____



**Criminal Justice Information Services Division
General Information**

The Missouri Criminal Records Repository (MCRR) collects, maintains, and disseminates Criminal History Record Information (CHRI) as defined by Sections 43.500 and 589.400, RSMo. CHRI is information collected by criminal justice agencies on individuals and consists of arrests, prosecutions, final dispositions, correctional supervision, and releases. All felony and serious misdemeanor arrests (referred to as reportable arrests), including offender registration information as defined under Section 589.400, RSMo, and all alcohol and drug related traffic offenses are reportable to the MCRR.

Criminal background checks may be requested by means of:

- 1) A **Personal Identifier Search** (name-based) which searches information based on the name, date of birth, and social security number of an individual.
- 2) A **Fingerprint Based Search** which searches the state's criminal history files by conducting a fingerprint comparison of the applicants fingerprints with the criminal (arrest) fingerprints on file with the Central Repository. Fingerprint images are collected and submitted using the standard federal applicant fingerprint card (FD-258).

The Personal Identifier Search requires a payment of **\$14.00** per request. The background check results are considered a "**possible match**" and will include only open records. Any individual, business, or agency may request and receive open record information by means of a personal identifier search. **Open records include:**

- Records containing convictions, such as plead guilty to, or convicted of.
- Arrest information that is less than 30 days old from the date of arrest.
- Charges filed from the prosecutor, awaiting final disposition from the court.
- Records that contain a suspended imposition of sentence (SIS) during the probation period.

A Fingerprint Based Search requires a payment of **\$20.00** per request. The results of a fingerprint-based background check are considered a "**positive match**" and will provide either open records or closed (complete) records as requested by the applicant.

An applicant may choose to conduct a fingerprint based criminal record check containing open records thus limiting the dissemination of criminal history information to **only** open record information. The Criminal Justice Information Services (CJIS) Division will release fingerprint-based criminal history information containing only open record information to any individual, business, or agency when requested by the applicant.

An applicant may choose to conduct a fingerprint-based criminal record check for release of closed records thus allowing dissemination of all criminal history information on file with the Central Repository. Closed records will only be released with a record check submitted by means of a fingerprint comparison and will only be released directly to the applicant or to a qualified entity if authorized in accordance with Section 610.120 and Chapter 43, RSMo. **Closed records include:**

- All criminal history data, including all arrests (filed or not filed charges).
- Charges that have been nolle prossed, dismissed, or found not guilty in a court of law.
- Suspended Imposition of Sentence (SIS) after the probation period is complete.

Notary Letters are provided upon request and require an additional \$2.00 processing fee, per request. A notary letter may be requested with either a personal identifier search or a fingerprint search.

PENALTY — A person who knowingly violates any provision of Sections 43.532, 43.540, 610.100, 610.105, 610.106 or 610.120 RSMo is guilty of a class A misdemeanor.

FBI Record Requests

The FBI only has open files meaning that if someone has the authority to receive the records; they receive all that is on file.

Individuals that need a Federal or Federal Bureau of Investigation (FBI) background check, for personal reasons or for employment purposes for entities not authorized through Missouri State Statute or the Missouri VECHS program, can submit fingerprints with an \$18.00 fee directly to the FBI. For information on how to obtain a federal background check directly from the FBI, please refer to information regarding the FBI's Identity History Summary Check on the FBI's website at www.fbi.gov.

EXHIBIT A

RECEIPT AND ACKNOWLEDGMENT

Please read the following statement, sign below, and return to RACS.

Understanding and Acknowledging Receipt of RACS Volunteer Handbook

I have received and read a copy of the Rape & Abuse Crisis Service's Volunteer Handbook. I agree to abide by all RACS policies, and I understand that the policies and benefits described in it are subject to change at the sole discretion of RACS at any time.

At-Will Volunteer

I further understand that my employment is at will and that even if I have entered into a volunteer agreement with RACS, neither RACS nor I have entered a contract regarding the duration of my volunteering. I am free to terminate my volunteer duties with RACS at any time, with or without reason. Likewise, RACS has the right to terminate my volunteering duties, at any time, with or without reason, at the discretion of RACS.

Volunteer's Printed Name

RACS Volunteer
Position

Volunteer's Signature

Date

Witness

Date

RAPE AND ABUSE CRISIS SERVICE

CONFIDENTIALITY AGREEMENT

It is absolutely essential that all information obtained from persons needing RACS' help be held in the strictest confidence. All clients of RACS need the assurance that they can receive services in confidence.

We require that all information gained through services with RACS be treated confidentially. Discussing any information about clients can destroy the bond of trust and could undermine RACS' services.

The location of the shelter is confidential and may not be shared with anyone outside of RACS.

A breach of confidentiality is a serious breach of trust and of ethical responsibility. It may jeopardize the safety of clients and staff. It is a cause for removal from service at RACS.

Please sign below that you agree with the following statement.

I agree not to divulge any information obtained through my involvement at the Rape and Abuse Crisis Service.

Printed Name

Signature

Date

Release of Information:

I understand that all information and background checks will be kept confidential, and I authorize the Jefferson City Rape & Abuse Crisis Service to obtain any information necessary to verify my qualifications as a RACS volunteer.

Please **initial** the paragraph below which is applicable to your present situation:

_____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

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Signature: _____ Date: _____

Signature of parent or legal guardian: _____
(if under 18 years of age)

Thank you for completing the RACS Volunteer Application. A RACS staff member will review your application and provide you with your next steps. Your service will help RACS provide support to survivors of domestic violence, sexual assault and stalking. Thank you!