

St. Vincent

Home for Children

Facts about St. Vincent Home for Children for Volunteers

- ◆ Our mission is to provide love, security, and professional treatment for troubled youth and their families through a fully integrated program of services.
- ◆ Founded in 1850 as an orphanage, St. Vincent has continued providing services to children and families while keeping up with the changing needs of our community.
- ◆ St. Vincent provides residential treatment services to about 400 youth and their families annually and provides crisis intervention and referral services to nearly 600 more each year.
- ◆ St. Vincent serves at-risk youth ages 10 – 19.
- ◆ All volunteers **must** be 21 or older (to protect our residents confidentiality).
- ◆ St. Vincent offers a wide variety of opportunities, see page 3 for detailed descriptions.
- ◆ All volunteers must register their personal information with the Missouri Department of Health and Senior Services Family Care Safety Registry— page 5
- ◆ All volunteers must sign a **Liability Release** form - page 4
- ◆ St. Vincent Home for Children offers opportunities for individuals, groups, recurring or one-time volunteers.
- ◆ The volunteer coordinator can be reached at 314-261-6011 Ext. 123
- ◆ We appreciate your support and are grateful for your interest in donating your time to St. Vincent Home for Children!



St. Louis County
Children's Service Fund
Keeping Kids First

Proud member of



United Way
of Greater St. Louis



Volunteer Application

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Gender: _____

Email Address: _____

BACKGROUND INFORMATION & EXPERIENCE

Employer: _____

Position: _____

Highest Educational Level Attained: _____

How did you hear about St. Vincent Home for Children? _____

In case of emergency contact: _____

Phone: _____ Relationship: _____

REFERENCES Please provide contact information for two non-relative references.

Reference #1

Name: _____ Relationship: _____

Phone: _____

E-mail: _____

Reference #2

Name: _____ Relationship: _____

Phone: _____

Email: _____



VOLUNTEER OPPORTUNITIES Please check all areas of interest

- Young Friends:** Become a member of our young professionals network. Young Friends is a group of 21-39 year olds dedicated to serving the mission of St. Vincent Home for Children through fundraising, service and advocacy .

- Recreation Volunteer:** Participate with the youth we serve in outdoor/indoor activities; play basketball, help with homework, craft projects, assist with group outings. Or help our youth grow by introducing your talents and hobbies.

- Special Events:** Assist with St. Vincent Home for Children's special events.

- Maintenance Volunteer:** A building as beautiful and historic as St. Vincent's requires a lot of TLC. Come for a day on your own or with a group and tackle a small, but important project around the grounds or inside our building.

- Special Projects:** Help brighten up our residential living areas; host a holiday party; paint a wall mural ; plant a garden with our kids, etc.

Have an idea of your own?

AVAILABILITY

Please check the days that you are generally available to volunteer:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- Mornings Afternoons Evenings Other _____

I agree that I have read and completed the above information to the best of my knowledge, and I give St. Vincent Home for Children the permission to use the provided information to verify documents, such as the mandated background check.

Signature: _____

Date: _____



RELEASE FORMS

Please read thoroughly, sign and date at the bottom of the page.

LIABILITY WAIVER

I hereby release, indemnify, and hold harmless St. Vincent Home for Children, the organizer, sponsors, and supervisors of all activities from any and all liability in connection with any injury (including injury caused by negligence), in conjunction with the use of St. Vincent property. In addition, St. Vincent has permission to utilize any photographs or video taken for publicity purposes.

DISCIPLINE AND RESTRAINT

I understand that behavioral problems may be encountered in caring for the children at St. Vincent Home for Children, a residential treatment center, which offers individualized programs for children, who have severe emotional issues. Employees are trained in methods such as behavior modification techniques and the appropriate use of discipline and restraint. I understand that I am **NOT** to restrain or assist in restraining a child at anytime.

CHILD ABUSE/NEGLECT

St. Vincent Home for Children is committed to the prevention of child abuse and to assisting those who are affected by incidents of child abuse. STVH is also committed to complying with the legal requirements for reporting child abuse. Child abuse is defined as physical injury, sexual trauma, or emotional and verbal abuse inflicted on a child other than by accidental means. Child neglect is defined as the failure to provide the proper or necessary support, education, as required by law, nutrition, surgical, or any other care necessary for a child's well being by those responsible for the care, custody, and control of the child.

POLICY ON CONFIDENTIALITY OF CLIENT INFORMATION

All information about St. Vincent Home for Children is confidential and kept secure. All children's last names are confidential. St. Vincent Home for Children staff and graduate practicum students have access only to the records of clients with which they are professionally involved and none other. Board members and volunteers do not have access to records. St. Vincent Home for Children complies with HIPPA regulations.

I AGREE THT I HAVE READ AND UNDERSTAND THE INFORMATION LISTED ABOVE.

Printed Name

Signature

Date



Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102.

WORKER REGISTRATION

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected.)

- Adoptive Parent (Agency Name: _____)
- Child Care
- Foster Parent/Family Member of Foster Parent (County Office: _____)
- Hospital
- Long Term Care/Personal Care (Please choose subcategory at right →.)
- Mental Health/Psychiatric Hospital
- Voluntary (Select voluntary if no other registration type applies.)

Long Term Care / Personal Care Subcategories (Complete if LTC/PC selected at left.)

- Adult Day Care
- Assisted Living Facility
- Hospice
- Hospital LTAC/Swing Bed
- Mental Health – Residential Facility/ICF
- Nursing Facility/Skilled Nursing
- Personal Care – Home Health
- Personal Care – In-Home Services
- Personal Care – Consumer Directed Services/Center for Independent Living
- Personal Care – HCY/PDW/DDD/Other

A one-time registration fee of **\$13.00** applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.

Register only once. If you believe you have already registered, check our website at www.health.mo.gov/safety/fcsr or call, toll free, 866-422-6872.

SOCIAL SECURITY NUMBER (Mail copy of card with form)

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PERSONAL INFORMATION (Complete left column only)

LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX (Jr., Sr., II, III)
MAIDEN NAME (If applicable)	PRIOR NAMES USED (If applicable, list first and last names.)			DATE OF BIRTH (mm-dd-yyyy)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

CONTACT INFORMATION

MAILING ADDRESS (Enter your street address or post office box. This address must be different from Employer Address.)

CITY STATE ZIP CODE COUNTY

TELEPHONE () - EMAIL ADDRESS (Required) COUNTRY (Complete only if U.S. territory/outside U.S.)

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

<input type="checkbox"/> My current/potential child care, long term care or mental health care employer is:			<input type="checkbox"/> No Employer, because I am a(n):		
EMPLOYER NAME			<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent/Family Member <input type="checkbox"/> Home Child Care Provider <input type="checkbox"/> Private Pay/Private Duty <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain: _____)		
EMPLOYER ADDRESS					
EMPLOYER CITY	STATE	ZIP			
EMPLOYER TELEPHONE () -	EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE			

REGISTRATION AGREEMENT

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT (Must be signed in blue or black ink.)	DATE OF SIGNATURE (Must be within six months of submission.)
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WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Health and Senior Services
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select "Voluntary." (A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 *et seq.*, RSMo.) If you checked Long Term Care / Personal Care, please *also* make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102**. If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872**.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. *Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.*

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the *transfer* of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the *substance* of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).