

OPERATION Breakthrough

VOLUNTEER APPLICATION

BASIC INFORMATION:

Please circle one: Ms. Mrs. Mr. Date: _____

First: _____ MI: _____ Last: _____

Address: _____

(City) (State) (Zip Code)

Home #: _____ Cell #: _____

E-mail Address: _____ Date of Birth: __/__/__

Emergency Contact: _____
(Name) (Phone#)

How did you hear about Operation Breakthrough's Volunteer Program?

Are you volunteering to complete community service hours? Yes No

If yes, for what and why?

Number of Required Hours _____ Completed by (date) _____

**All volunteer hours are recorded and saved for future reference even if you circle "No".*

By signing below you understand the requirements of the volunteer program that you are applying for and commit to following them, and communicating with the volunteer department if something were to come up causing you to not keep your full volunteer commitment. You accept responsibility for all of your actions while at the center, traveling to and/or from the center, or engaged in any activity held by or for Operation Breakthrough. You understand that Operation Breakthrough cannot be held liable for any loss, personal injury, accident, misfortune or damage to yourself or your property.

Signature

Date

Signature of Parent/Guardian (if under 18)

____ Volunteer Application ____ Background Check ____ Fingerprints ____ Orientation Date _____

____ Volunteer Agreement ____ Vaccination Card ____ Shirt ____ Start Date _____

____ RE Opportunities/Input

Classroom _____ Day _____ Time _____

OPERATION Breakthrough

School Volunteer Agreement

Thank you for offering to serve as a Volunteer at Operation Breakthrough! Volunteers truly make a difference in the lives of our students and offer a different lens for our students to learn from. This following Agreement is to establish an understanding of the role of a Volunteer and to understand guidelines to ensure understanding of school culture. This agreement also serves as a safety net for you, the Volunteer.

Volunteers: A person who works at school sites or other educational facilities to support the efforts of OB staff.

As a volunteer for Operation Breakthrough, I understand and agree to the following:

- Volunteer service and hours are pre-approved by Volunteer Coordinator
- Participating in a Volunteer Orientation
- Volunteering is a complimentary service
- Any student discipline should be referred to staff
- Wearing a visible visitor badge
- Shorts or skirts no shorter than 2 inches above the knee. Jeans or slacks preferred and only closed toed shoes allowed. No spaghetti straps, no crop tops or hats.
- Technology resources are used only for educational purposes
- Inform Coordinator or Administrative Staff of any issue that may impact my service as a volunteer
- Maintain confidentiality of all student information
- Transporting students is not in the role of a volunteer
- Religious/political beliefs are presented in a neutral manner
- Understand adult/student age appropriate nurturing relationships
- Contact appropriate school personnel when you are unable to volunteer

Background Screening:

I understand that based upon the level of my Volunteer responsibilities, OB will determine what background screening is necessary. This background screening may include obtaining a report from a reporting agency that may include information concerning my criminal history. If it is determined that I need a background screening, I will complete a "Disclosure/Release of Information Statements" form and give consent to conduct an applicable background screening. This is a confidential process. Examples of when a background screening may be necessary include, but may not be limited to the following:

- Anyone age 14 or over who is working one-on-one or in small groups with students
- Volunteers with a regular schedule during school hours
- Volunteer Coach (academic/interscholastic/intermural)

Name: _____

Signature: _____ Date: _____

OPERATION

Breakthrough

RELEASE AUTHORIZATION FOR BACKGROUND INVESTIGATION

In connection with your application to work at Operation Breakthrough as an employee or volunteer, you authorize Operation Breakthrough, Inc. and its background investigation service providers (Consumer Reporting Agencies), to procure and review background checks/consumer reports. You understand such reports will include information regarding state and federal criminal history or child/elder abuse or neglect, and your inclusion in any jurisdiction's registry of sexual offenders.

You also understand that your driving record (if appropriate to your duties), licensure in a specific profession, education, volunteer and employment history and other matters which reflect on your character and general reputation are a part of the background investigation.

The reports may be compiled from credit bureaus, court records, department of motor vehicles, past employers or volunteer service records, educational institutions, governmental license and registration entities, business or personal references, and any other source required to verify information.

The Consumer Financial Protection Bureau's Summary of Rights under the Fair Credit Reporting Act is provided in a separate written document. Your signature below acknowledges your receipt of the document.

You do hereby give consent (authorization) to Operation Breakthrough to request and receive such information prior to employment, annually and periodically throughout employment. You acknowledge that a fax, image, or copy of this authorization is as valid as the original and good for one year.

PRINT FULL LEGAL NAME

SIGNATURE

DATE OF SIGNATURE

ADDRESS

CITY, STATE ZIP CODE

SOCIAL SECURITY NUMBER

BIRTH DATE

O P E R A T I O N

Breakthrough

DISCLOSURE OF BACKGROUND INVESTIGATION

Operation Breakthrough, Inc. is providing to you this disclosure of our intent to conduct a background investigation for employment purposes. As a childcare services provider, Operation Breakthrough is required by law to perform background checks on individuals who work with or around children enrolled here prior to employment, annually and periodically throughout employment. This applies to volunteers and contractors as well. Under the Fair Credit Reporting Act (FCRA), any written, oral, or other communication of information provided by a Consumer Reporting Agency (CRA) is an investigative consumer report (background screening). Investigative consumer reports also include employment references, information about your personal characteristics, character, general reputation, mode of living, criminal, driving (if applicable) and work history.

Operation Breakthrough will request background investigations prior to employment, annually and periodically throughout employment from the following Consumer Reporting Agencies (CRAs): Missouri Department of Health & Senior Services Family Care Safety Registry (FCSR) and Missouri Volunteer and Employee Criminal History Service (MOVECHS). Their phone numbers are 1-866-422-6872 and 1-573-526-6153, respectively. The following criminal background checks will be included: child/elder abuse or neglect, sex offender registry check, and fingerprints to include both state and federal bureau of investigation criminal checks. A finding of any history of criminal conviction for a sexual offense or child/elder abuse will preclude you from working here. Other matters may prevent you from working here until further investigation and your history is cleared with the state of Missouri.

More information on the nature and scope of the investigation conducted by the CRA will be made available to you should you desire. Operation Breakthrough, Inc. will not provide you information from previous/ past employers, licensing agencies, educational institutions, volunteer agencies, or personal/ professional references not received from CRAs.

Please sign below to acknowledge your receipt of this disclosure.

DATE OF SIGNATURE

PRINT NAME

SIGNATURE



**Missouri State Highway Patrol
Applicant Fingerprint Services of Missouri**

Applicant Fingerprint Form for State and FBI Criminal History Background Checks

Section One: Agency Information

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER: 8047

Agency Name: Operation Breakthrough, Inc.

Agency ORI: MOVECHS0Z Agency OCA: V0480 0099

Section Two: The Missouri Automated Criminal History Site (MACHS)

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact 3M Cogent directly at 1-877-862-2425 to have a Fingerprint Services Representative conduct the registration on your behalf.

MACHS Registration Instructions:

1. Log-on to www.machs.mo.gov
2. Click on the "blue box" [MACHS Fingerprint Search Portal](#)
3. Click on the "blue box" to [Register with MACHS](#)
4. In the yellow-highlighted box, **enter your agency 4-Digit Registration Number and hit "enter"**
5. Enter your personal information.
6. At the Missouri Background Check Fingerprint Summary **verify** all personal data and agency information before proceeding. If all information entered is accurate and complete, click **Complete Registration**. This will take you to the fingerprint services vendor for further processing to include payment and to select a fingerprint location. Please note your **Transaction Control Number (TCN)**. **The TCN will be required at the time of fingerprinting to confirm your MACHS registration data.**

Your processing fee is automatically calculated based on the 4-digit registration number that you provide. Fees are either paid at the time of registration or are payable to 3M Cogent at the time of fingerprinting unless a billing account has been established by your agency. Upon completion of the fingerprint appointment, 3M Cogent will transmit your fingerprint background check request to the Missouri State Highway Patrol (MSHP) for processing through the state and FBI. The results of the search will be provided to the authorized agency within 5 to 10 business days.

Section Three: Registration Confirmation (for applicant or agency use)

Applicant Name: _____

TCN (Confirmation Number) _____

Date Prints Taken _____



**Missouri State Highway Patrol
Criminal Justice Information Services Division**

MOVECHS WAIVER AGREEMENT AND STATEMENT

Missouri Volunteer and Employee Criminal History Service (MOVECHS)

For criminal history record information pursuant to the *National Child Protection Act of 1993 (NCPA)*, as amended by the *Volunteers for Children Act (VCA)*,
And the *Adam Walsh Child Protection and Safety Act of 2006*

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize _____ Operation Breakthrough, Inc. _____
Name of Qualified Entity

to submit a set of my fingerprints to the Missouri State Highway Patrol (MSHP) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Missouri records pursuant to 43.540 RSMo from the MSHP, and any national criminal history record directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30–16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Missouri and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

Yes, I have (OR) **No, I have not** been convicted of or plead guilty to a crime.

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (check one): Applicant Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____ SSN (last 4 digits - Optional) _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____

NOTE: This document must be retained by the agency/qualified entity for audit purposes.