

OPERATION Breakthrough

VOLUNTEER APPLICATION

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?

Have you lived in a different state in the last 5 years? Yes No (If yes: List States _____)

Reason for Volunteering: _____

Number of Required Hours _____ Completed by (date) ____/____/____

All volunteer hours are recorded and saved for future reference.

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)

For Internal Office Use Only

____ Volunteer Application ____ Background Check ____ Eligibility Letter Orientation date: _____
____ Volunteer Agreement ____ Fingerprints Shirt Size _____ Start Date _____
____ RE Input Placement _____ Day _____ Time _____

OPERATION Breakthrough

VOLUNTEER AGREEMENT

FOR A BETTER UNDERSTANDING OF WHAT YOU CAN EXPECT AS A VOLUNTEER AND WHAT IS EXPECTED OF YOU BY OUR ORGANIZATION WE ASK THAT YOU READ AND SIGN THE FOLLOWING:

Volunteers play a vital role within our organization and will make a huge impact on the families and children of Operation Breakthrough through any volunteer effort. Volunteer positions will be assigned depending on center and staff needs that suit your interests and capabilities. The Volunteer Department greatly appreciates your voluntary services and will do its very best to ensure that your volunteer experience is what interests you, is rewarding, productive, and safe.

Operation Breakthrough is one of the largest all in one childcare facility in the state of Missouri; 700 children call this center their home away from home 5 days a week all year round. The majority of families and children that we serve are living in poverty and have experienced multiple traumas in their lifetime. 1 out of 5 of our children are living in foster care, a shelter, or with a family member or friend. Our center is often the only stable environment that our children have, so we take extra precautions to ensure that every volunteer who interacts with our children and families understand the impact they have when introduced into their lives. We are looking for committed volunteers to believe in and support our mission.

We ask for your cooperation in adhering to the following guidelines:

- I understand that as a volunteer I am here to supply quality assistance to the children, teachers, and staff of Operation Breakthrough.
- I will support the Operation Breakthrough mission, and understand that as a volunteer I am a representative, on and off site, of this organization.
- If volunteering directly with children, I will attend a scheduled orientation, background check consent form, fingerprints, and commit to at least 1 Classroom shift every week for 12 weeks or 2x/month in MakerCity.
- I will respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability.
- I understand that Operation Breakthrough cannot be held responsible for any damaged, lost, or stolen personal belongings.
- If volunteering with children I will use positive methods of child guidance and will not engage in any form of punishment. I understand that no child will be left alone or unsupervised while under my care and that all potential student discipline be referred to staff.
- I will follow Operation Breakthrough's dress code which means wearing a volunteer shirt, badge, and closed toed shoes when at the center in order to promote safety. Shorts/skirts must be knee length. No spaghetti strap shirts or muscle shirts will be allowed.

OPERATION Breakthrough

VOLUNTEER AGREEMENT (continued)

- I give my permission to Operation Breakthrough for the use and reproduction of any and all photographs, video or audio recordings taken of me while volunteering. All recorded media, prints; created media from the content shall be the property of Operation Breakthrough.
- I will not photograph any children without the approval of the Volunteer Coordinator; I must maintain confidentiality of all students and their family's information. I understand that cell phone use is not permitted while I am volunteering at the center.
- I understand that as a volunteer in this facility I am required to be a "Mandated Reporter" If I have any concerns or questions regarding the wellbeing of a child I will immediately notify the Volunteer Coordinator.
- I will keep my personal safety and the safety of all children and staff at the forefront of my volunteer activities. I will follow the rules and protocols presented to me, and will listen to staff's direction while volunteering.
- I will let the Volunteer Department know if they can improve the service and support that I receive. I will be open and honest and notify the department if I would like to change my role and/or commitment.
- I will not discuss my personal religious or political views while volunteering.

I have read and understand the guidelines and statements above, and agree to comply with them while I am a volunteer for Operation Breakthrough. I understand that I can be terminated as a volunteer at any time for any reason, and will be asked to leave the premises if I do not follow the above requirements.

Print Name

Signature

Date

OPERATION 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 FULL LEGAL NAME

SIGNATURE

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, ZIPCODE

SOCIAL SECURITY NUMBER

BIRTH DATE



**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 _____
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 Chapter 43 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) Not required

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____

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