

Students gain experience in programs that occur during day and evening hours. Currently, it is not possible for students to earn all required internship/practicum hours with daytime only or evening only schedules. Please describe your availability, including day/evening hours, class schedule, semester breaks, and work or volunteer commitments:

Why would you like to complete an internship or practicum with Annie's Hope?

What do you hope to learn from being a student with our organization?

Grief and loss can occur in a variety of ways, such as, death, divorce, moving, job changes, remarriage, disease, etc. Please describe any major losses you have experienced. Include when the loss occurred, how it affected you, how you have coped with the loss, and how you think the experience will enhance or impede your ability to be a student with Annie's Hope.

What is important for Annie's Hope to know about your spiritual, emotional, dietary, medical, or physical needs so we may help you have a successful internship or practicum?

Work history:

(Please share details of your work history from the past five years, starting with the most recent)

Employer: _____ **Job title:** _____ **Dates:** _____

Supervisor: _____ **Supervisor phone #:** _____

Supervisor email address: _____

Employer: _____ **Job title:** _____ **Dates:** _____

Supervisor: _____ **Supervisor phone #:** _____

Supervisor email address: _____

Employer: _____ **Job title:** _____ **Dates:** _____

Supervisor: _____ **Supervisor phone #:** _____

Supervisor email address: _____

Volunteer experience:

(Please share any prior volunteer experience you have had interacting with children and adolescents. Include volunteer work such as Big Brothers Big Sisters, Sunday School, Scouting, Little League, etc.)

Organization/Group: _____ **City/State:** _____ **Dates:** _____

Supervisor: _____ **Supervisor phone #:** _____

Supervisor email address: _____

Organization/Group: _____ **City/State:** _____ **Dates:** _____

Supervisor: _____ **Supervisor phone #:** _____

Supervisor email address: _____

Organization/Group: _____ **City/State:** _____ **Dates:** _____

Supervisor: _____ **Supervisor phone #:** _____

Supervisor email address: _____

Please list three references (not relatives) you have known for at least a year:

Name: _____ **Length of relationship:** _____

Relationship: _____

Email address: _____ **Phone #:** _____

Name: _____ **Length of relationship:** _____

Relationship: _____

Email address: _____ **Phone #:** _____

Name: _____ **Length of relationship:** _____

Relationship: _____

Email address: _____ **Phone #:** _____

Emergency contact:

Name: _____ **Relationship:** _____

Phone #: _____ **Email address:** _____

Background screenings:

Due to the nature of our work with children and adolescents, students who have had any child/minor related criminal charges filed against them are automatically excluded from volunteering in parts of our organization that would require direct contact with children and/or teens. Annie's Hope will complete background and sex offender registry screenings for every student who applies to work with children or teens.

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Please list your places of residence for the past ten years.

Address: _____ **City, State, Zip:** _____

County: _____ **Dates:** _____

Address: _____ **City, State, Zip:** _____

County: _____ **Dates:** _____

Address: _____ **City, State, Zip:** _____

County: _____ **Dates:** _____

Has your name changed? Yes No

If yes, what other names have you gone by?

On the final page of this application, there are options for how to obtain a background screening. Please indicate which method you have chosen:

- Previously registered or will register with the Missouri Department of Health and Senior Services
- Missouri Automated Criminal History Site
- St. Louis County Police Department Bureau of Central Police Records
- Illinois Department of Children and Family Services
- Background screening completed within the past 12 months

To raise money for our programs, Annie's Hope applies for grant funding from foundations and corporations. To submit successful grant applications, we need answers to the following questions. Please remember your answers are strictly confidential and optional.

***Do you identify with an organized religion?** Yes No

***If yes, please state the religion:**

***What is your identity? Check as many as applicable:**

- African American or Black Asian Biracial Caucasian Hispanic or Latino
- Native American Indian

Other:

***Are you now (or previously) a member of the Armed Services?** Yes No
***If yes, how were you involved?** Active Reserves Veteran National Guard
***If yes, which military branch(es) are/were you a member of?**
 Air Force Army Coast Guard Marines Navy ROTC

Signature

I understand that not all students who apply for an internship or practicum opportunity with Annie’s Hope – The Center for Grieving Kids are accepted for such an opportunity. Students who appear to meet internship or practicum qualifications will be invited to complete a face-to-face interview with an Annie’s Hope staff member; an interview is required before an internship or practicum opportunity is offered.

Printed name of applicant: _____

Signature of applicant: _____

Date submitted: _____

Please submit completed applications by mail, email, or fax to:

Annie’s Hope – The Center for Grieving Kids

Mailing address: 1333 W. Lockwood, Suite 104 • Glendale, MO 63122

Email: KaitlynP@annieshope.org

Fax: (314) 918-1438

Please keep this page for your reference.

All Annie's Hope volunteers who work directly with families must have a background check completed annually.

Option 1 (preferred): Missouri Department of Health and Senior Services

This is only for Missouri residents. Register with the Missouri Department of Health and Senior Services as shown below. A week after registration, call 1 (866) 422-6872 to request a current background check. It can be done immediately. Ask the DHSS employee for the request number. You will receive a copy of the background check in the mail. Please copy it and email/mail/fax to Annie's Hope immediately.

To register, go to this website: <http://health.mo.gov/safety/fcsr/>. Read the details and then click on "Register Online." You may also register by submitting the *Worker Registration Form*, completing the form, providing a copy of your social security card and sending a one-time \$13.00 registration fee to:

Missouri Department of Health and Senior Services
Fee Receipts Unit
P.O. Box 570
Jefferson City, MO 65102

After a volunteer registers with the Department of Health and Senior Services and receives their first background check, Annie's Hope can complete this annual requirement for you.

From time to time, a volunteer's Social Security Number appears as "registered" in the Missouri Department of Health and Senior Service's system, yet the system can't "find" the volunteer. If this happens, Annie's Hope will notify the volunteer and ask them to complete the request independently. To process to do this is similar to registering for the first time: Call 1 (866) 422-6872 to request a current background check. It can be done immediately. Ask the DHSS employee for the request number. You will receive a copy of the background check in the mail. Please copy it and email/mail/fax to Annie's Hope immediately.

Option 2: Missouri Automated Criminal History Site

This is only for Missouri residents. Register with the Missouri Automated Criminal History Site. Go to <https://www.machs.mshp.dps.mo.gov/MocchWebInterface/home.html> to obtain your background check. You will need to set up an account – simply click on the link "New to this site? Click here to get started" on the right side. Once you have set up your account, you will need to provide your name, date of birth, or social security number. There is a \$13 fee (plus a convenience fee). The background check will be sent to your account. It will NOT be emailed or mailed to you. You will need to print your background check and submit it with your student application.

Option 3: St. Louis County Police Department Bureau of Central Police Records

Arrive in person to the St. Louis County Police Department Bureau of Central Police Records. The address is 7900 Forsyth in Clayton, MO, Room B-013, on the street level (accessible from either Central, Meramec Avenue, or the Memorial Park Entrance) of the Police Headquarters. The office is open from 7:30 AM to 5:00 PM, Monday through Friday (excluding holidays). The number is 314-615-5317. If your main residence is in a different county, please call the police station in your county and ask about their process for record checks.

Criminal History Record Checks may be obtained by applying in person with the following identification:

1. Drivers License with Social Security Number
2. Drivers License AND Social Security Card (if SSN is not on license)
3. Birth Certificate, original or sealed copy AND Social Security Card AND picture ID
4. Military Identification
5. Immigration and Naturalization ID AND Social Security Card
6. State Identification with Social Security Number
7. State Identification AND Social Security Card, if SSN not on ID
8. Legible Traffic Citations with Social Security Number AND Picture ID

If using more than one type of identification, i.e. Drivers License and Social Security Card, both forms of identification must be in the same name. A Marriage Certificate/Divorce Decree/Court Documents are required for any legal name change.

Once again, criminal history record checks must be obtained in person by the individual requesting the record check. A record check cost, for a criminal history record check for incidents that occurred within St. Louis County is \$4.50 and a criminal history record check for incidents that occurred within the City of St. Louis is \$4.50. The total cost for a City and County Record Check is \$9.00. Please submit your background check with your volunteer application.

Option 4: Illinois Department of Children and Family Services (for Illinois residents only)

Complete the form at

https://www2.illinois.gov/dcf/aboutus/notices/Documents/cfs_689_authorization_for_background_check_for_programs_not_licensed_by_dcf_fillable.pdf with the following information:

(314) 918-1438 (Submitting Agency Fax Number)
RobynS@annieshope.org (Submitting Email Address)

Annie's Hope (Agency Name)
Robyn Streck (Contact Person)
1333 W. Lockwood, Suite 104 (Address)
Glendale, MO 63122 (City/State/Zip)

Typed forms are preferable as illegible documents will not be processed. The form must include a hand-written signature; electronic signatures are not accepted. This form **MUST** be submitted electronically. You can submit the completed form by email to DCFS.689Background@Illinois.gov or by fax to 217-782-3991. If submitting via email, the form must be submitted as a PDF attachment. The completed background check will then be emailed, faxed, or mailed directly to Annie's Hope.

Option 5:

If you have had a background check completed within the past twelve months, a copy for Annie's Hope records may be sufficient.

Step 2: Fingerprinting through the Missouri Automated Criminal History System (MACHS)

All interns must be fingerprinted through the Missouri Automated Criminal History System. MACHS utilizes the Missouri Volunteer and Employee Criminal History Service (MOVECHS) program to conduct fingerprinting. MOVECHS provides a criminal history record at the state and federal level.

Following the applicant's interview, Annie's Hope will provide further instructions on how to register and complete the fingerprinting process.

For interns who are not Missouri or Illinois residents, contact Annie's Hope about completing a background check in the state in which you reside. **Due to Annie's Hope budget constraints, we are requesting that intern applicants cover the cost of the background check and fingerprinting fees.** If this is not possible, please do not hesitate to call. For information or questions contact *Annie's Hope* at (314) 965-5015.