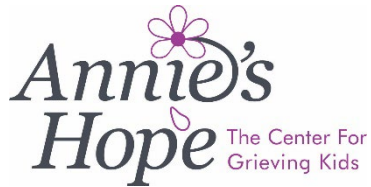


For Office Use Only

Date received: \_\_\_\_\_  
Notified received: \_\_\_\_\_  
Salesforce: \_\_\_\_\_  
Excel: \_\_\_\_\_  
Background check: \_\_\_\_\_  
IV date: \_\_\_\_\_  
Training: \_\_\_\_\_  
References: 1. \_\_\_ 2. \_\_\_ 3. \_\_\_  
Fingerprinting: \_\_\_\_\_



## Program Volunteer Application

**Thank you for widening the circle of support for grieving kids.**

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Gender:** Female Male Non-binary Choose to not respond **Age:** \_\_\_\_\_

**My pronouns are:** She/her/hers He/him/his They/their/theirs Ze/hir/hir

**Preferred name (if different from above):** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**School/other address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Driver's license number & State:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Employer (if applicable):** \_\_\_\_\_ **Supervisor's name:** \_\_\_\_\_

**Employer address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**May we call you at work?** Yes No **Work phone:** \_\_\_\_\_

**Have you been vaccinated for COVID-19?** No Yes, Date: \_\_\_\_\_

**Have you received the COVID-19 booster?** No Yes, Date: \_\_\_\_\_

**In which program(s) would you like to volunteer for *Annie's Hope*?**

- |                              |                      |                                       |
|------------------------------|----------------------|---------------------------------------|
| 8 Week Family Support Groups | Family Social Events | Horizons (anticipatory grief support) |
| School Support & Education   | Summer Camps         | Teen Retreats                         |

**How much time can you commit each month? \_\_\_\_\_ hours**

*The children, teens and adults that we serve depend on us to find reliable, safe, committed volunteers. With that in mind, we need to ask a few tough questions. Please answer them honestly and completely. All responses are strictly confidential.*

**How did you learn about *Annie's Hope*?**

**Please explain why you would like to volunteer for *Annie's Hope*.**

**What do you hope to gain from volunteering for this organization?**

**What talents, experiences, skills, knowledge, etc. can you offer to this 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 volunteer for *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 positive volunteer experience?**

Annie's Hope volunteers share a wealth of experiences and talents. Please share yours.

**Education:**

High School: \_\_\_\_\_ Graduation date: \_\_\_\_\_

College/University: \_\_\_\_\_

Degree: \_\_\_\_\_

Year in program: \_\_\_\_\_ Graduation date: \_\_\_\_\_

College/University: \_\_\_\_\_

Degree: \_\_\_\_\_

Year in program: \_\_\_\_\_ Graduation date: \_\_\_\_\_

**Work history:**

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

Employer: \_\_\_\_\_ Job title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Job title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Job title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Volunteer experience:**

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

Organization/Group: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization/Group: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization/Group: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization/Group: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

***Due to the nature of our work with children and adolescents, volunteers 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 volunteer 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?** \_\_\_\_\_

***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      Choose to not respond

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

**How do you racially identify? Check all that apply.**

American Indian or Alaska Native      Asian      Black or African American

Native Hawaiian or Other Pacific Islander      White or Caucasian      Choose to not respond

Another option not listed here (please specify): \_\_\_\_\_

**How do you ethnically identify?**

Hispanic, Latino, or Spanish origin      Not of Hispanic, Latino, or Spanish origin      Choose to not respond

**Are you now (or previously) a member of the military/U.S. Uniformed Services?**      Yes      No

**If yes, how are you involved?**      Active      Reserves      Veteran      National Guard

**If yes, which branch of the military/U.S. Uniformed Service group are/were you a member of?**

Air Force      Army      Coast Guard      Marines      Navy      NOAA      ROTC      Space Force

## **CONFIDENTIALITY AGREEMENT**

**This statement is to be reviewed and signed by all Annie's Hope staff and volunteers prior to performing any service or participating in any training.**

Children, teens, and families who come to programming offered by *Annie's Hope* are extremely vulnerable and in the midst of beginning again after a death has rocked their very existence.

As Annie's Hope volunteers and staff, you become a piece of the healing process for the children, teens, and families. They open their hearts and souls in the hopes that they will one day find peace. Often what they share is highly personal and private. They may not have expressed the information with anyone else - not even with family, friends, or relatives. They share with us because they want and need to. They trust that their stories will be protected and respected.

It is a privilege to hear the pain of another. With that privilege comes much responsibility. You are to hold their stories in a sacred trust. All information shared by children, teens, families, and other facilitators is strictly confidential. Outside *Annie's Hope* programs, it is not to be discussed - even to our own families and friends.

There are five exceptions to preserving confidentiality. They are:

1. Any indication of suicidal ideation (suicidal thoughts).
2. Any indication of physical, mental, or sexual abuse or neglect.
3. If there is any reason to be concerned about drug and alcohol use/abuse by a child or teen, we reserve the right to inform the parent/guardian.
4. If there is information ordered by the court including a subpoena. We will attempt to contact the party named about this order. If the release of information is opposed, a court may nevertheless require compliance with the order.
5. If we learn that someone participating at *Annie's Hope* might commit an act of violence. In this case, we may take steps to protect the intended victim against such danger, inform the police, or both.

Volunteers who suspect that a person may harm her/him/them/hirself, another, or property, or that other conditions exist in a family that are beyond the scope of our services, are to, with the child's, teen's, or adult's knowledge, inform Annie's Hope staff immediately. The staff will assess the severity of the issue and refer to emergency services as needed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please read the information below. Sign your name under each of the four releases/agreements if you understand and fully agree to follow all aspects of the regulations and guidelines outlined.***

### **PHOTOGRAPHIC RELEASE**

I, \_\_\_\_\_, hereby authorize Annie's Hope to take photographs, film, audiotapes, and videotapes of me and my artwork and to use them in newspapers, publications, and presentations. Annie's Hope may use these such items and information in whatever way Annie's Hope considers proper and desirable.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **SOCIAL MEDIA AGREEMENT**

I, \_\_\_\_\_, understand that, due to a commitment to maintain confidentiality, Annie's Hope prohibits me from sharing any of the pictures I take – electronically or in print – at any Annie's Hope Programs, with others or on any public social media forum.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELATIONSHIP WITH PARTICIPANTS AGREEMENT**

I, \_\_\_\_\_, understand that, due to liability concerns, Annie’s Hope prohibits me from any and all forms of contact with Annie’s Hope participants outside of Annie’s Hope programing.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUBSTANCE USE AGREEMENT**

I, \_\_\_\_\_, understand that consumption or possession of alcohol, cigarettes, prescription narcotics, marijuana, or any illegal substance/drug while training or volunteering with Annie’s Hope is strictly prohibited. I understand that all volunteers must abstain from using any substances or consuming alcohol for a minimum of 8 hours before arriving to volunteer. I understand that a breach of this agreement may warrant immediate dismissal.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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

**Signature:**

The undersigned acknowledges and agrees that (1) he/she is not required, if called upon, to perform the volunteer service herein applied for and that **Annie’s Hope** is not required to assign, or actively seek to assign, him/her as a volunteer even after appropriate training; and, (2) as a part of the Agency’s assessment process, additional information will be elicited from the applicant by Agency personnel.

I affirm under the penalties of perjury that all the information supplied to **Annie’s Hope** during the application process is true and accurate.

**Printed name of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_

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

***Annie’s Hope – The Center for Grieving Kids***

**1333 W. Lockwood, Suite 104 • Glendale, MO 63122**

**Email: [applications@annieshope.org](mailto:applications@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.**

**STEP 1: Select and complete a background screening option from list below.**

**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 volunteer 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/dcfs/aboutus/notices/Documents/cfs\\_689\\_authorization\\_for\\_background\\_check\\_for\\_programs\\_not\\_licensed\\_by\\_dcfs\\_%28fillable%29.pdf](https://www2.illinois.gov/dcfs/aboutus/notices/Documents/cfs_689_authorization_for_background_check_for_programs_not_licensed_by_dcfs_%28fillable%29.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](mailto: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.

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

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

**For volunteers 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 volunteer 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.