



Union Station Kansas City Volunteer Application

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone: _____
(with area code) Home Work Pager/Cell Fax

Email Address: _____ Birth Date: _____
Month/Day

Are you 16 years of age or older? Yes No

Education (please circle the last year completed)

High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

Last School Attended: _____

Degree earned: _____

Have you been convicted of a felony within the last seven years? Yes No If yes, please describe circumstances: _____

Employment

Current Employment: _____
Company Position
Supervisor and phone # Years of Service

My employer offers a: time-off program for volunteers donation matching program

Previous Employment: _____
Company Position
Supervisor and phone # Years of Service

Company Position
Supervisor and phone # Years of Service

Volunteer Experience: _____
Nonprofit Organization Position
Supervisor and phone # Years of Service

List others on additional sheet of paper.

References

Please provide the following information (do not list friends or family members):

Name	Relationship	How long have you known this person?
Complete Address		Phone Number
Emergency Info (Please list one emergency contact)		

Name	Relationship	How long have you known this person?
Complete Address		Phone Number

Experiences

Please circle the positions that you are interested in learning more about:

The Desk Set	Greeters	Trains	Exhibits
Special Events	Tours	Collections	Science City
Guest Services	Theater	Information Booth	Kansas City Museum

Other _____

Do you speak, read or write any foreign languages? _____

Please describe any training, skills, teaching experience and/or certificates that may enhance your ability to be a successful volunteer for Union Station Kansas City, Inc.

Have you volunteered here before? If so, what programs were you involved with? When and why did you leave the program? _____

Why would you like to volunteer for Union Station Kansas City? _____

How did you learn about our Volunteer Program? If a friend referred you, please provide that person's name.

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for volunteer service as may be necessary in arriving at a decision.

As a condition of my volunteer service I agree to submit to a background check. I understand, also, that I am required to abide by all rules and regulations of Union Station Kansas City, Inc.

Signature of Applicant

Date



Union Station Kansas City, INC Volunteer Background Verification Disclosure

As part of the volunteer process, Union Station Kansas City, Inc. may obtain a Consumer Report and/or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for volunteer purposes only, a Consumer Report may be made which may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

Authorization and Release

During the application process and at any time during the subsequent volunteer period, I hereby authorize Union Station Kansas City, Inc. to procure a Consumer Report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Social Security Number Sex Race Date of Birth

Driver's License Number: _____ State of Issue: _____

Current County of residence? _____ How long at this residence? _____

If less than 2 years, please list previous counties and states below.

Signature _____ Date _____

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check only one) See reverse side for further instructions. <input type="checkbox"/> (1) Name Search - \$5.00 (Criminal record, offender registry, and child abuse search) <input type="checkbox"/> (2) Fingerprint Search - \$14.00 (Criminal record, offender registry, and child abuse search) <input type="checkbox"/> (3) CD Central Registry Child Abuse Search Only - No Charge	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)				
MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE /		
ADDRESSES FOR PAST 5 YEARS				
STREET	CITY	STATE	STREET	CITY

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?
 YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?
 YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

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 permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

RETURN ADDRESS (REQUIRED ON EACH APPLICATION)
 Complete your mailing label below
 Confidential Mail

AGENCY NAME	
ATTENTION	<i>Union Station Kansas City</i>
ADDRESS	<i>Volunteer Department</i>
CITY, STATE, ZIP CODE	<i>30 W. Pershing Road Suite 850 Kansas City, MO 64108</i>