

Date \_\_\_\_\_

**VOLUNTEER APPLICATION**  
**St. Martha's Hall**

Name: \_\_\_\_\_

Have you ever used any other name in the past? \_\_\_\_\_

Address: \_\_\_\_\_

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

Are you under the age of 18? \_\_\_\_\_

Have you filed a volunteer application here before? \_\_\_\_\_

What type of volunteer position are you interested in? \_\_\_\_\_

What days/times are you available? \_\_\_\_\_

Do you have any comments or questions? \_\_\_\_\_

Have you at any time been accused of child abuse? \_\_\_\_\_

**If yes, please complete the following:**

1. Provide in detail the date, the place, and an account of the circumstances surrounding each allegation of child abuse. \_\_\_\_\_  
\_\_\_\_\_
2. Did any administrative or judicial proceedings arise out of the allegations of child abuse? \_\_\_\_\_  
\_\_\_\_\_
3. Are you under supervision of any federal, state or local agency as a result of any allegations of child abuse? \_\_\_\_\_  
\_\_\_\_\_

I grant permission to the Organization to contact, in connection with this application and periodically thereafter, the Missouri Division of Family Services and any other governmental agencies, organizations, corporations, entities or individuals that it deems necessary in order to verify the continued accuracy of any information given in connection with this application, and I agree to complete, in connection with this application and periodically thereafter, any and all forms required by Organization (including, but not limited to, an application for child abuse/neglect screening form to submitted to the Missouri Department of Social Services).

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For administrative use only:

Confidentiality Agreement signed and received: \_\_\_\_\_

Child Abuse and Neglect Screening received and approved: \_\_\_\_\_