

# Grain Valley Coaches Background Screen Application

## INSTRUCTIONS

- Complete both forms in ENTIRETY. If you leave a box empty, DFS will not process the form and we will have to contact you to retrieve the missing information.
- Complete forms by writing LEGIBLY in Black or Blue ink only.
- Be sure to SIGN AND DATE BOTH forms before turning in.
- The background screen is valid for a period of 1 year. If you are unsure if 1 year has elapsed since the last time you completed this background screen, please submit again.
- If you are coaching for GVAA, we will send them an updated list of all those coaches that have successfully passed their background screen so that you can receive your coaching badge.
- Please mail or hand deliver the background screen forms in a sealed envelope to:

The Grain Valley Community Center  
Attn: Shannon Davies  
713 S Main Street  
Grain Valley, MO 64029

# APPLICATION FOR YOUTH PROGRAMS VOLUNTEER & YOUTH SPORT COACH

City of Grain Valley, Missouri, Parks and Recreation Department

Dear Prospective Volunteer/Coach:

To promote and safeguard those children and youth that are involved in activities that utilize municipal facilities, the *City of Grain Valley* requires a Background Screening of (user group) program volunteers and coaches. All employees, coaches and volunteers, age 17 and older, who hold child-sensitive positions, are subject to a Missouri Division of Family Services (MO DFS) Background Screening. This procedure checks state records for incidents that have required DFS investigation and includes complaints of sexual abuse of children, crimes that involved children, a history of violence or any sexually exploitive behavior with a child.

Please complete the following:

- Application For Missouri Division of Family Services Background Screening (below)
- Missouri Department of Social Services Form SHP-159

Return both forms to: Grain Valley Community Center (Parks & Recreation Offices)  
713 S Main Street, Grain Valley, MO 64029

Due Date: Forms must be submitted no later than 30 days prior to the formal start of the program, as it is the intent of the City to conduct this screening before the start of the activity or sport season.

On behalf of the City of Grain Valley, and the staff of the Parks and Recreation Department, please accept our thanks for your participation and continuing concern for the safety and welfare of our community's youth.

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## APPLICATION FOR MISSOURI DIVISION OF FAMILY SERVICES BACKGROUND SCREENING

Please check all the youth activities and/or sports that you will be involved with:

Youth Soccer League     Youth Baseball League     Youth Softball League     Youth Basketball  
 Youth Track     Youth Football League     Youth Cheerleading     Other Youth Activity (Please List)

### PLEASE PRINT CLEARLY:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (H) \_\_\_\_ / \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's License No.: \_\_\_\_\_  
Month Day Year

Would you like to receive parks & recreation program updates by e-mail? Y N E-Mail: \_\_\_\_\_

With my signature on this form and the Missouri Dept. of Social Service Form SHP-159, I give permission to the City of Grain Valley to conduct a Missouri Department of Family Services Background Screening AND Criminal Records Check if needed. I hereby release City from any liability of any dissemination of information obtained pursuant to said forms.

The undersigned has freely offered, on a voluntary basis, his/her services to the youth activity/sport listed above that may conduct their activities on City of Grain Valley facilities. The undersigned further acknowledges that certain dangers and risks are inherent in connection with this volunteer service including, but not limited to, cuts, fractures, contraction of infection or diseases, and any other injury, including death. The undersigned does hereby release and forever discharge the City of Grain Valley and its officials, employees, and sponsors from any and all claims, demands, or causes of action heretofore or hereafter arising that may relate to his/her voluntary involvement with the youth activities and/or leagues indicated above.

The undersigned has been provided with a copy of the City's ordinance. The undersigned has also read, acknowledges, understands and will voluntarily comply with the information stated above:

Volunteer Signature \_\_\_\_\_ Day \_\_\_\_\_, Month \_\_\_\_\_, Year \_\_\_\_\_

Background Check Completed: \_\_\_ Yes \_\_\_ No

Findings: Yes / No

Missouri State Highway Patrol

**REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD**

<p>TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions.</p> <p><input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge</p> <p><input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search</p> <p><input type="checkbox"/> (3) Fingerprint Search &amp; CD Central Registry Child Abuse Search</p> <p style="margin-left: 20px;"><input type="checkbox"/> \$14.00 (Authorized Statute 210.487)</p> <p style="margin-left: 20px;"><input type="checkbox"/> \$20.00 (All other request)</p>	<p>TYPE OF DAYCARE PROVIDER</p> <p><input type="checkbox"/> (1) License</p> <p><input type="checkbox"/> (2) License Exempt</p> <p><input type="checkbox"/> (3) Registered</p>
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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
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ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE
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ADDRESSES FOR PAST 5 YEARS

STREET	CITY	STATE	STREET	CITY	STATE

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
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SIGNATURE OF REQUESTOR (Required in ink) <i>Shannon Davies</i>	DATE
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TITLE OF CHILD CARE PROVIDER	TELEPHONE (816) 847-6230
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STATE AGENCY City of Grain Valley, Missouri	STATE VENDOR OR CONTACT NO. (If applicable)
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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 checked="" type="checkbox"/> OTHER Youth Program Coach/Volunteer

<p>COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION)</p> <p style="text-align: center;">Complete your mailing label below Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100%;">AGENCY NAME City of Grain Valley, Parks &amp; Recreation Department</td> </tr> <tr> <td>ATTENTION Attn: Shannon Davies</td> </tr> <tr> <td>ADDRESS 713 S Main Street</td> </tr> <tr> <td>CITY, STATE, ZIP CODE Grain Valley, MO 64029</td> </tr> </table>	AGENCY NAME City of Grain Valley, Parks & Recreation Department	ATTENTION Attn: Shannon Davies	ADDRESS 713 S Main Street	CITY, STATE, ZIP CODE Grain Valley, MO 64029	<p>SEND FEE &amp; FORM TO:</p> <p>Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson city, MO 65102</p>
AGENCY NAME City of Grain Valley, Parks & Recreation Department					
ATTENTION Attn: Shannon Davies					
ADDRESS 713 S Main Street					
CITY, STATE, ZIP CODE Grain Valley, MO 64029					

The purpose of this form is to provide information available to child care agencies including volunteer agencies. The records you receive will be based on the search options you select. The Missouri State Highway Patrol will respond when you choose option 2 or 3. The Missouri Children's Division will respond when you choose option 1, 2, or 3. Direct questions regarding criminal records to the Missouri State Highway Patrol (573-526-6153); direct questions regarding child abuse or neglect to the Children's Division (573-526-1438, TT: 1-800-735-2466).

**The information on this form, and responses generated as a result of this form, are confidential. Any person disclosing the information in violation of 43.540, 589.400, RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.**

For information on how to participate in the Child Abuse/Neglect Central Registry examination program, submit a written request from the CEO, owner, director, etc. of your child care related group or organization to: **Director, Children's Division, P.O. Box 88, Jefferson City, MO 65103.**

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**PROCESSING FEE SCHEDULE INFORMATION (43.527 AND 43.530 RSMo.)**

By checking boxes 1 thru 3 on the front page of this form, the following applies:

1. CD Central Registry Child Abuse Search Only - No Charge Provides information obtained from the Children's Division Central Registry only. The Children's Division (CD) Central Registry screening will reflect information contained in the CD database. Any questions about the accuracy of that information should be directed to the CD office in the residential county of the applicant or the county of employment if the applicant is not a Missouri resident.
  - a) Complete the request form.
  - b) Mail completed form to: **Missouri Children's Division, Background Screening / Investigations Unit, P.O. Box 88, Jefferson City, MO 65103.**
2. Name Search - \$13.00 Provides open records obtained from the Missouri Criminal Record Repository and information from Missouri Children's Division Central Registry.
  - a) Complete the request form.
  - b) Make a check or money order for \$13.00 payable to "State of Missouri Criminal Records System."
  - c) Mail completed form and check or money order to: **Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.**
3. Fingerprint Search - \$14.00/\$20.00 Provides open and closed records with positive identification obtained from the Missouri Criminal Records Repository and information from Missouri Children's Division Central Registry.
  - a) Complete the request form.
  - b) Obtain fingerprints on: Applicant card FD-258. Official taking fingerprints must verify identity of person fingerprinted with an official id such as a driver's license and sign the card as the person taking the fingerprints. Complete the rest of the card as applicable.
  - c) Make a check or money order for \$14.00/\$20.00 payable to "State of Missouri Criminal Records System."
  - d) Mail completed forms and check or money order to: **Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.**

**OPEN RECORDS** - convictions, charges pending, arrests less than thirty days old, and suspended imposition of sentence during probation.

**CLOSED RECORDS** - charges not filed, not prosecuted, dismissed, or subject found not guilty or suspended imposition of sentence after probation.

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SPACE RESERVED FOR MSHP/CD RESPONSE STAMP