



## Volunteer Registration

*For adult volunteers; not to be completed by high school students.*

### Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: Female:  Male:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

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

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### Background checks are required for ALL volunteers over the age of 18.

\* Are you registered with the Family Care Safety Registry: Yes:  No:

Mark "Yes" if you have volunteered with Night to Shine in the past and had the background screening. If "No", there is additional information needed to complete your background screening. Remit this form to the church, and someone will contact you regarding the necessary documentation. The fee for being added to the Family Care Safety Registry and running the screening is covered by the church.

I have volunteered at Night to Shine before: Yes:  No:

T-shirt size:  S  M  L  XL  XXL  I have my shirt from a previous year and do not want a new one this year.

Volunteer Role Requested (we will consider your request but cannot guarantee a specific role):

Buddy for guest  Event volunteer

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**Remit form to: St. Andrew's UMC | 1004 Rock Rd | DeSoto, MO 63020**  
**636-586-2472 | [secretary@standrewsumcdesoto.org](mailto:secretary@standrewsumcdesoto.org) | Deadline for forms: February 1, 2024**  
**Deadline for volunteers wanting a t-shirt is January 23, 2024!**

## Night to Shine Release of Liability

By signing this form, I acknowledge that ministries, programs and activities conducted by St. Andrew's United Methodist Church and its related and affiliated organizations, including the Missouri Annual Conference of the United Methodist Church (collectively, the 'Church'), especially, but not limited to, Night to Shine, involve a certain amount of risk to individuals participating. Activities may include strenuous or moderately strenuous physical activities including, but not limited to dancing and jumping. With this information, I acknowledge and consent to me or my minor child's participation in Night to Shine. I further acknowledge and consent to any organized travel by van or bus as part of the activities conducted during Night to Shine.

\_\_\_\_\_ (Initial) Acknowledging the activities involved, **I hereby release and hold harmless the Church, its agent, related organizations, employees, directors, counselors, leadership, volunteers and members from any and all liability that may arise as a result of my or my child's participation in Night to Shine** except in the case of intentional misconduct.

## Night to Shine Volunteer Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by St. Andrew's United Methodist Church, and sponsored in part by or associated with the Tim Tebow Foundation, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a Georgia nonprofit corporation headquartered in Florida and St. Andrew's United Methodist Church ("CHURCH"), a Missouri benevolent organization, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, my actions, physical likeness, biographical information, and/or voice. Additionally, I hereby grant to TTF and CHURCH, without royalty or other compensation now or in the future, all rights of every kind and character whatsoever, in perpetuity, in and to any and all such recordings, along with any additional recordings I might provide to TTF and CHURCH, and to any benefits inuring to TTF and CHURCH as a result of its use of any of the foregoing recordings. Among other things, TTF and CHURCH may, but are not required to, copy or reproduce the recording, edit or modify it, incorporate it into another work, display or broadcast it or any of the foregoing privately or publicly, and use or license it or any of the foregoing for use by others, all for the sole benefit and at the sole discretion of TTF and CHURCH, for the advancement of TTF and CHURCH's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and CHURCH and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and CHURCH, its directors, officers, employees, volunteers, and independent contractors, from any and all claims or damages, including but not limited to defamation or violation of rights of privacy or publicity, arising from or associated with the recordings or use of recordings. This release shall be construed, interpreted and governed in accordance with the laws of the State of Florida, and should any provision of this release be determined invalid, such invalidity does not affect any of the remaining provisions. I am of full age and have the right to contract in my own name.

AGREED TO AND ACCEPTED:

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 FAMILY CARE SAFETY REGISTRY  
**WORKER REGISTRATION**

FCSR USE ONLY

Register online at [www.health.mo.gov/safety/fcsr](http://www.health.mo.gov/safety/fcsr) OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102. Register only once!

**REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)**

- Adoptive Parent  
Agency Name: \_\_\_\_\_
- Child Care
- Missouri Foster Parent/Family Member of Foster Parent  
Children's Division County Office: \_\_\_\_\_
- Hospital
- Long Term Care/Personal Care (Please choose subcategory at right ▶ .)
- Mental Health/Psychiatric Hospital
- Voluntary (*Select voluntary if no other registration type applies.*)

**Long Term Care / Personal Care Subcategories (Complete if LTC/PC selected at left.)**

- Adult Day Care
- Assisted Living Facility
- Hospice
- Hospital LTAC/Swing Bed
- Mental Health – Residential Facility/ICF
- Nursing Facility/Skilled Nursing
- Personal Care – Home Health
- Personal Care – In-Home Services
- Personal Care – Consumer Directed  
Services/Center for Independent Living
- Personal Care – HCY/PDW/DDD/Other

A one-time registration fee of **\$15.00** applies to all categories except Missouri Foster Parents, who must list the Missouri Children's Division county office.

Have you or an immediate family member ever served in the U.S. Armed Forces?  Yes  No  
 If Yes, would you like information about military-related services in Missouri?  Yes  No

**SOCIAL SECURITY NUMBER (Mail copy of card with form.)**

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**PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)**

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., II, III)
BIRTH NAME (LIST FULL NAME)		PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES.)	DATE OF BIRTH (MM-DD-YYYY)
			GENDER <input type="checkbox"/> M <input type="checkbox"/> F

**CONTACT INFORMATION**

MAILING ADDRESS (ENTER YOUR STREET ADDRESS OR POST OFFICE BOX. THIS ADDRESS MUST BE DIFFERENT FROM EMPLOYER ADDRESS.)

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE	EMAIL ADDRESS (REQUIRED)	COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.)	

**EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)**

<input type="checkbox"/> My current/potential child care, long term care or mental health care employer is:			<input type="checkbox"/> No Employer, because I am a(n):		
EMPLOYER NAME			<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent/Family Member <input type="checkbox"/> Home Child Care Provider <input type="checkbox"/> Private Pay/Private Duty <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain: _____)		
EMPLOYER ADDRESS					
EMPLOYER CITY	STATE	ZIP			
EMPLOYER TELEPHONE	EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE			

**REGISTRATION AGREEMENT**

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 my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

**NOTICE:** The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT	DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)
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## WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Elementary and Secondary Education
- Foster parent records maintained by the Missouri Department of Social Services

## WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

## HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select “Voluntary.” (A “voluntary registrant” is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. **Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.**

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

## WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102.** If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872.**

## WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to [fcsr@health.mo.gov](mailto:fcsr@health.mo.gov), or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

## WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

## WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).