CADV Volunteers
CITIZENS AGAINST DOMESTIC VIOLENCE

Address:
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Camdenton, MO
65020

Phone:
Office: 573-346-9630
Fax: 573-873-2375

Toll Free Hotline:
1-888-809-SAFE
(7233)

Email:
info@cadv-voc.org

Website:
www.cadv-voc.org

ADMINISTRATION:

Executive Director
Sheree Keely, LCSW

Legal Programs Coordinator
Patty Friend

Outreach Coordinator
Amy Thompson

Clinical Coordinator
Jill Wade-Scott, M.Ed., LPC

Case Manager
Amber Franz

Volunteers are the backbone of Citizens Against Domestic Violence/Victim Outreach Center. Our Volunteers are extraordinary people who give much of their time and energy so that CADV can run smoothly.. These people are as important to the operating of the center as the Board and staff. We appreciate all they do for us and for those whom we provide services to.

If you are interested in becoming a volunteer the following are some of CADV/VOC's volunteer positions and brief descriptions. Each requires agency training and criminal background check before beginning.

Crisis Line Work
Volunteer answers hotline to provide telephone crisis intervention, information, and referral and completes a Hotline Contact Sheet documenting each call received.

Hospital Advocate (SART) Sexual Assault Response Team
Involves face-to-face contact with victims and their families. Advocates are on call for scheduled period of time each month. Advocates will respond as needed to the hospital emergency department to provide support and information when domestic or sexual violence victims are brought in to be treated and their injuries documented.

Administrative/Clerical Support
Volunteer assists the administrative staff with daily duties including answering the office telephone, making copies, filing, preparing mailings, maintaining databases and more.

Transportation
Volunteer provides transportation for client and their children to and from various locations such as doctor appointments, pharmacies, attorneys, school activities, etc... All transports take place within the agency guidelines governing safety of client and volunteer

Child Care
Volunteer provides childcare for women during support groups, educational groups, court and doctor appointments. Many of these hours are on Tuesday evenings while mothers, both sheltered and not, are attending support group.

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Life Skills Class Facilitator
Volunteer facilitates training victims in life skills such as balancing checkbooks, finances, basic healthcare and dietary needs for themselves and children, parenting, and self-improvement.

Informational Booths/Speakers Bureau
Volunteer provides assistance with planning and implementing special events such as school fairs, health fairs, church events, and educational booths throughout the Tri-County area. Volunteers staff the booths, distribute printed materials and answer questions about CADV/VOC and services.

After Care Program
Volunteer provides transitional assistance to specific clients in moving through the continuum of care necessary for a violence free life, after shelter or other CADV service.

Building and Yard Maintenance
Volunteer assists in general maintenance such as painting, carpentry, electrical, repair, trimming trees, mowing and raking yard.

Donations
Volunteer assists with picking up, sorting through, and distributing donations received. Donations may include personal care items, paper products, toys, food, clothes and furniture.

Translations
We see a growing number of victims in our community that speak little or no English. We are in need of volunteers who are fluent in foreign language such as Spanish, Russian and others to translate, so that these victims may also receive the same high-quality crisis services that English speaking victims receive.

GENERAL REQUIREMENTS

Qualifications: Dependable; willing to learn; interest in people; good communication skills; promptness; maturity; patience and good writing ability.

CADV
Building Resiliency in our Community through Empowered Advocacy
CITIZENS AGAINST DOMESTIC VIOLENCE

About the applicant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Please enter all phone numbers where we may reach you.) Birthdate: _____

Work: _____ Home: _____ Cell: _____

Email address: _____

Which is usually the best way to contact you? □Home □Work □Cell □Email Do you text? □Yes □No

Employer: _____ Occupation: _____

Spouse's name: _____

What skills, areas of expertise or aspects of your educational background would you bring to CADV as a volunteer?

_____

_____

_____

How did you hear about CADV & our volunteer needs? _____

_____

Have you ever been convicted of a felony or misdemeanor? ☐ Yes □ No

If yes, please explain: _____

Do you have a valid driver's license and automobile liability insurance? ☐ Yes □ No

License Number: _____ Insurance Company: _____

Emergency Info

In case of an emergency who should we contact on your behalf?

Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Volunteer Experience

Have you ever been a volunteer before? ☐ Yes ☐ No

If yes, for what organization, and what activities were included?

_____

_____

_____

Do you still volunteer with the above organization? ☐ Yes ☐ No

If no, was it your decision to leave, and why? _____

_____

Why are you interested in becoming a volunteer?

_____

_____

_____

Do you have any prior experience working with people in crisis/stressful situations? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

Have you ever been a victim of domestic violence, sexual assault or rape? ☐ Yes ☐ No

If yes, when? _____

Interest Areas

Your volunteer areas of interest: (please check all that apply)

_____ Crisis Hotline _____ Transportation of Clients _____ Hospital Advocacy

_____ Babysitting _____ Clerical/Office Assistance _____ Fundraising

_____ Court Advocacy _____ Life Skills Classes for clients (Cooking, budgeting, etc.)

_____ Back to School Fairs _____ Maintenance _____Emotional Support

_____ Other: _____

_____ Other: _____

Availability

What days and hours are you typically available?

☐ Monday - Hours: _____ ☐ Tuesday - Hours: _____

☐ Wednesday - Hours: _____ ☐ Thursday – Hours: _____

☐ Friday – Hours: _____ ☐ Saturday – Hours: _____

☐ Sunday – Hours: _____

Would you be interested in setting up a regular schedule to be in office to assist in a variety of tasks? (This may include clerical assistance, transportation of clients, crisis hotline, etc.) ☐ Yes ☐ No

If yes, what would you like that schedule to look like? ☐ 1-2 days/month or ☐ 1-2 days/week

On those days how many hours per day would you like to volunteer? ☐ 2-4 hrs ☐ 4-6 hrs ☐ 6-8 hrs

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 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.**

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
- ☐ Foster Parent/Family Member of Foster Parent (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.)*

A one-time registration fee of **$11.00** applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.

Register only once. If you believe you have already registered, check our website at www.health.mo.gov/safety/fcsr or call, toll free, 866-422-6872.

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

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)

MAIDEN NAME (If applicable)	PRIOR NAMES USED (If applicable, list first and last names.)	DATE OF BIRTH (mm-dd-yyyy)	GENDER
		- -	☐ M ☐ 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 (Optional)	COUNTRY (Complete *only* if U.S. territory/outside U.S.)
( ) -		

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

☐ My current/potential child care, long term care or mental health care employer is:

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER CITY	STATE	ZIP

EMPLOYER TELEPHONE	EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE
( ) -		

☒ No Employer, because I am a(n):

- ☐ Adoptive Parent
- ☐ Foster Parent/Family Member
- ☐ Home Child Care Provider
- ☐ Private Pay/Private Duty
- ☐ Student
- ☒ Volunteer
- ☐ Other (Explain: _____)

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 (Must be signed in blue or black ink.)	DATE OF SIGNATURE (Must be within six months of submission.)
➤	- -

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 Health and Senior Services
- 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 including street address or post office box, city, state, ZIP code, and county. Include your telephone number. We will use this information to notify you of registration results and any background screenings conducted.

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.

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.

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, Family Care Safety Registry, 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 mailing address. You can send address changes to Family Care Safety Registry, P.O. 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. A Registry worker will first confirm whether the person in question is registered. 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).