

Screened Volunteer Registration Form

The De Soto #73 School District and Missouri Revised Statute 168.133 requires criminal background checks to be completed on any person who assists a school by providing uncompensated services and who may periodically be left alone with students. These individuals are referred to as "screened volunteers" and include, but are not limited to, persons who regularly assist in the office or library, mentor or tutor students, coach or supervise a school-sponsored activity before or after school, chaperone students on an overnight trip or chaperone students on a school field trip and be left alone with a student who is not their own. The background checks must be completed prior to being left alone with students.

Individuals who attend parties/activities at school during the school day or who attend field trips but will not be left alone with students do not need to complete the Screened Volunteer process.

Below are the steps a person must complete to be eligible to be a Screened Volunteer:

1. Complete the information below and return this form to the District Office at 610 Vineland School Rd., De Soto, MO 63020 or via email to Christina Kasmarzik, Director of Human Resources at kasmarzik.christina@desoto.k12.mo.us **YOU MUST SUBMIT THIS FORM OR YOUR INFORMATION WILL NOT BE PROCESSED.**
2. Register for and complete a fingerprint background check through the Missouri Highway Patrol (see page 3). This process can take several days, it should be completed as soon as possible. The fee for this is approximately \$43.00 and the district does NOT reimburse for this cost. You will receive a letter from the district if your results are satisfactory or unsatisfactory. Please keep the letter for your records. **Please complete the background check before submitting the Volunteer form to Human Resources.**
3. Complete a Family Care Safety (FCS) Registry. Attached is the full process for registering. The cost of this background check is \$15.25 and the district does NOT reimburse for this cost. This is a one-time registration only and you will receive a copy of your results via mail. This process can take between 2 and 3 weeks and should be completed as soon as possible.

Complete the following information and submit this form as outlined in Step 1 above.

Your Full Legal Name:	Phone Number:
Student's Name(s), Include All:	Email Address:

Reason for Volunteering (Chaperone, Mentoring, Tutoring, Club, Etc):	Social Security Number (for FCS Confirmation):	Date of Birth (for FCS Confirmation):
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If you will be a volunteer coach or paid coach who is not otherwise employed in the district you must complete the additional steps below.

4. Complete the Electronic Use Form, Code of Conduct, and School Volunteer Guidelines Form.
5. Complete online mandatory training through Vector.



Missouri State Highway Patrol Applicant Fingerprint Services of Missouri

Applicant Fingerprint Form for State and FBI Criminal History Background Checks

Section One: Agency Information

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER:

Agency Name: De Soto #73 School District

Agency ORI: MO921034Z

1104 - Certificated Employees /Paraprofessionals

1105 - Substitute Employees

1106 - All other support staff/Volunteers --- Use this code

1107 - Bus Drivers

Section Two: The Missouri Automated Criminal History Site (MACHS)

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact the vendor (IDEMIA) at 844-543-9712 for assistance with registration.

MACHS Registration Instructions:

1. Log-on to www.machs.mo.gov
2. Click on the "blue box" [Click here to register with the fingerprint portal](#)
3. Click on the "blue box" [Click here to register with MACHS](#)
4. Enter the 4-digit registration number provided by your agency. Click "enter"
5. Enter your personal information in the appropriate fields and proceed through the registration process.
6. Near the end of registration, you will be asked to verify all personal data and agency information before proceeding. If all information entered is accurate and complete, click "complete registration." This will redirect you to IDEMIA's website for further instruction.
7. Please note your Transaction Control Number (TCN) for future reference.
8. Email and/or phone number, and Date of Birth will be required at the fingerprint vendor location to search for your registration transaction.

Note your UIED Number

The processing fee is automatically calculated based on the 4-digit registration number that was entered at the beginning of registration. All fees are payable to IDEMIA at the time of fingerprinting unless a billing account has been established by your agency.

Once fingerprinting is completed, IDEMIA will transmit your photo, personal data, and fingerprint images to the Missouri State Highway Patrol (MSHP) for processing. The results of the search will be provided to the authorized agency within approximately 1-5 business days. NOTE: IDEMIA does not have access to criminal history. For questions about your results, contact the requesting agency or MSHP. Please reference your TCN.

An appointment is required.

Must pay with Credit Card with your name, personal check, or money order.
Cash payments are not accepted.

Register Online with the Family Care Safety Registry

The Family Care Safety Registry (FCSR) helps protect seniors, children, and the disabled by conducting background screenings on long term care workers, child care workers, and personal care workers. If you are an employee or a job applicant in one of these fields, you must register with the FCSR before background screenings can be requested. Registering with the FCSR means you will provide personal information and agree to background screenings for employment purposes as defined in state law. There is a one-time registration fee of \$14.00.

Submitting your registration online is faster than the mail. Instead of the cost of a stamp, a \$1.25 processing charge will be added to your fee.

To register online you will need:

- Internet access
- Your Social Security number
- Your email address
- A credit card or debit card

NOTE
You may be asked to supply a copy of your Social Security card or other verification document after the FCSR receives your registration information.

The online system works best with Internet Explorer.

The web address to access the FCSR Background Screening and Employment Eligibility System (BSEES) for online registration can be found at the end of this document.

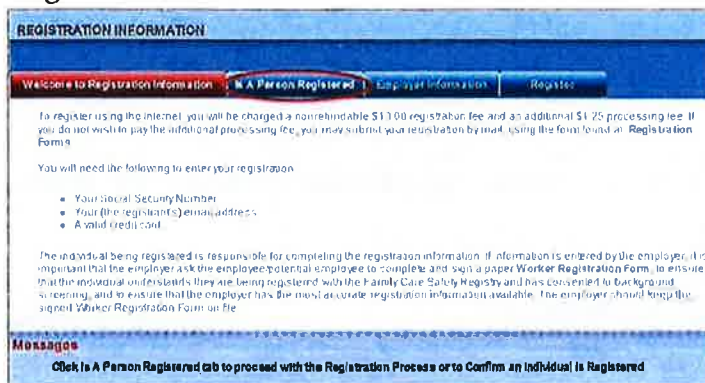


From the FCSR-BSEES homepage, click the **Registration** button to begin.

From the submenu, click **Register Online**.

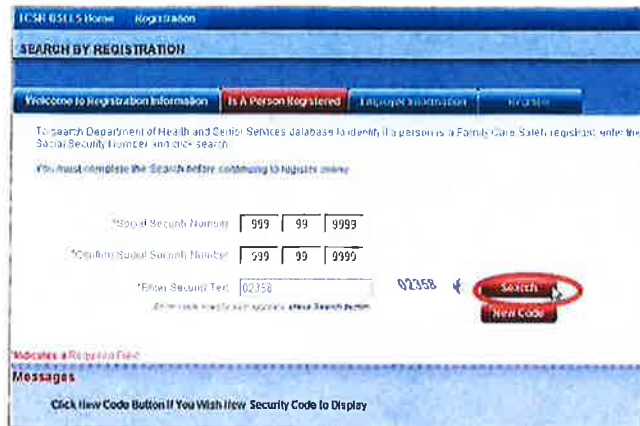


Read the Welcome to Registration Information. When ready, click the tab for **Is A Person Registered** to continue.

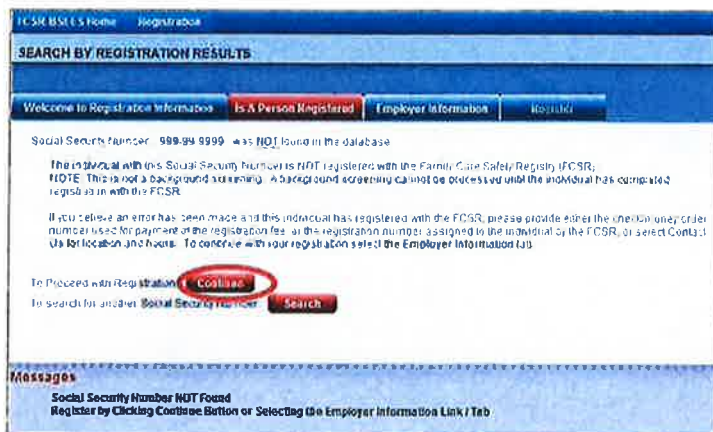


NOTE
You will see a **Messages** section on each page. Informational messages will be in black text. Error messages will be red.

Enter your Social Security number in the appropriate fields on the **Is A Person Registered** screen. Enter the security text/number shown on your screen. Click the **Search** button.



You should be notified that your Social Security number was not found in the database.



NOTE
If you were notified that your Social Security number **was** found in the database, you may already be registered with the FCSR. If your Social Security number was found and you do not believe you have registered in the past, call the FCSR toll-free at 866-422-6872.

Click the **Continue** button. — if you do not see the continue button, you are already registered and can stop here.

Either enter an **Employer Name** (current or potential) **or** make a selection from **Select if No Employer**.

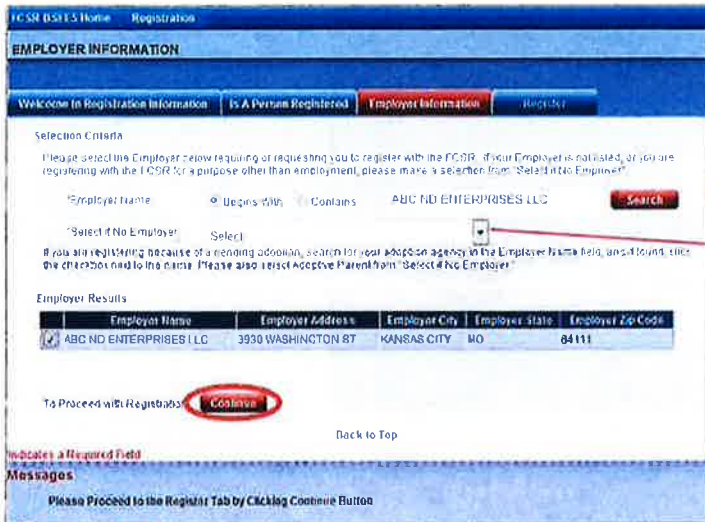


To enter an employer name, set your search criteria to either **Begins With** or **Contains**. Begin typing part of the employer name. As you type, a drop down list may appear. You may select an employer name from the drop down list **or** you can use what you've typed thus far.

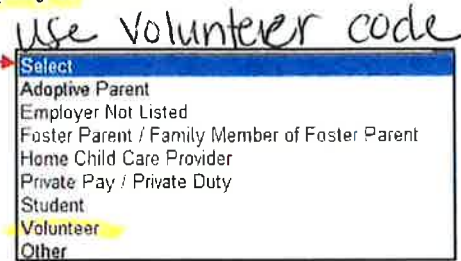
Click the **Search** button.

See next page

After clicking the Search button, you should receive a list of one or more employer names from our database. If the correct employer is shown, click to checkmark the box by the employer name.



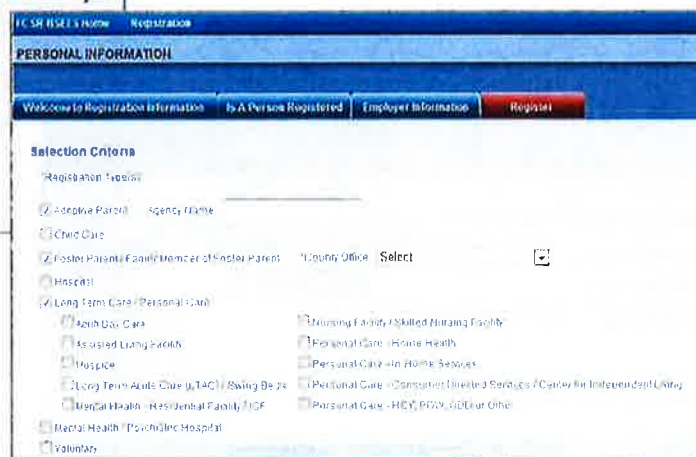
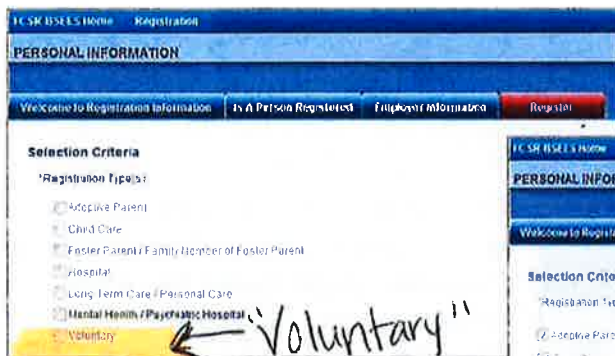
If the employer is not found in the database, or if you have another reason for registering, make the appropriate selection from the **Select if No Employer** field.



After you have made a selection for either the Employer Name or the Select if No Employer field (or both if applicable), click the **Continue** button.

NOTE
If you are registering with the FCSR so you can be screened as an adoptive parent, please search for the adoption agency in the Employer Name field **and** choose Adoptive Parent from the Select if No Employer field.

Now enter your personal information. First, select one or more **Registration Type(s)** by clicking to checkmark the appropriate box(es). Depending on what you select, subcategories may be opened for additional selections.



Select **only** the category(ies) that best describe your reason for registering with the FCSR at this time.

Next, enter your personal information.

Personal Information

Last Name: First Name: Middle Name: Suffix:

Add Other Name IMPORTANT: If you do not list all other known names used, including both first names and last names, your registration may be delayed or rejected. Other names include birth name, married name(s), nicknames(s), and legal name changes.

Date of Birth: Month: Day: Year: Gender:

As needed, click the **Add Other Name** button to add an additional entry field (or fields) for any other names you have used, such as a nickname, birth or married names, etc.

Personal Information

Last Name: First Name: Middle Name: Suffix:

Add Other Name IMPORTANT: If you do not list all other known names used, including both first names and last names, your registration may be delayed or rejected. Other names include birth name, married name(s), nicknames(s), and legal name changes.

Last Name: First Name: Middle Name:

Date of Birth: Month: Day: Year: Gender:

Finally, enter your contact information.

Contact Information

Registration Using Address Check the appropriate box below. Use either's address listed, your registration will be rejected.

Street Address or PO Box:

Zip Code: City: State:

County:

Telephone:

Registration Email: At least one phone number for a Family Care Registry phone. This should be a personal email address. All telephone registrations will be delayed or rejected.

Landline Email:

Continue

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Indicates a Required Field

Messages
Click Continue Button after Required Information Entered to Proceed with Registration

Click the **Continue** button after all required information is entered.

Click to checkmark the box by the address line that best reflects your address. You must make one selection. Select **Use Address Entered Above** if the standard address result provided does not reflect your mailing address.

Click the **Save** button.

***Standard Address Results** Select the box that best accurately displays your mailing address. Also click the Save button.

Address	Address	City	State	Zip Code	County
<input checked="" type="checkbox"/>	PO BOX 570	JEFFERSON CITY	MO	65102	COLE
<input type="checkbox"/>	Use Address Entered Above				

Save

[Back to Top](#)

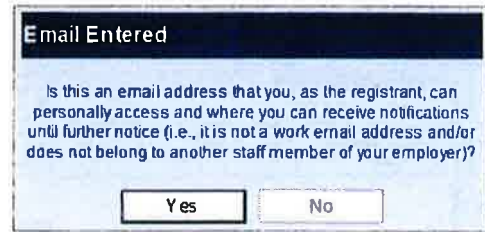
Indicates a Required Field

Messages

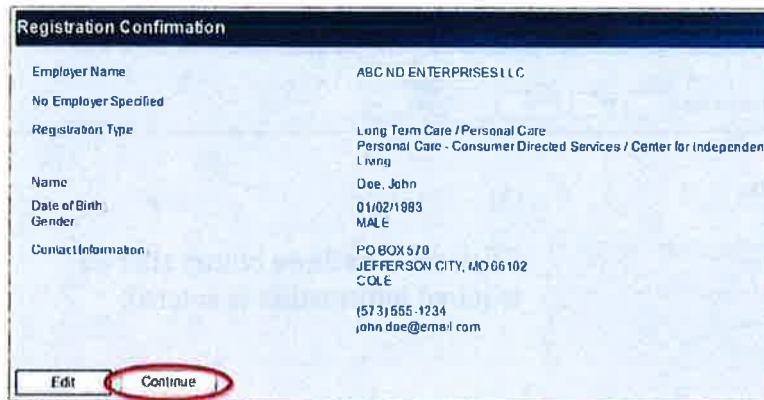
After you enter an email address, you are asked to confirm it is an email address where you can receive your personal copy of FCSR notifications. The email address should belong to you, not to your employer or another staff member.

Click **Yes** if the email address entered is one you access.

Click **No** to change the email address in your Contact Information now.



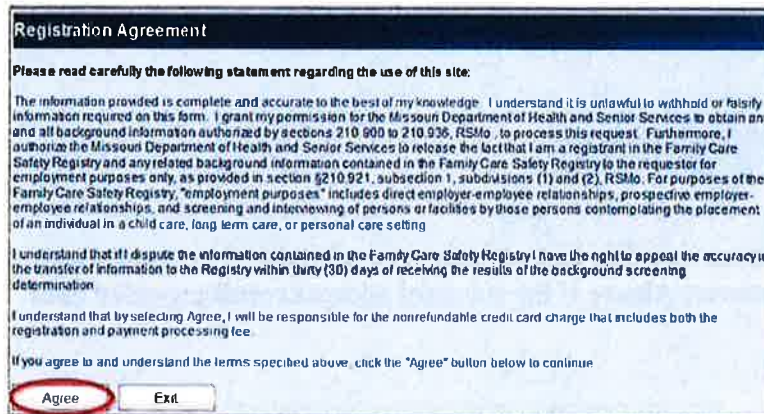
Confirm that all information entered is correct.



Click the **Edit** button if there is an error.

Click the **Continue** button if your information is entered correctly.

Carefully read the Registration Agreement.



If you agree to the statement, click the **Agree** button.

Clicking the **Exit** button will terminate your registration attempt and all information entered will be deleted.

Enter your payment information.

Click the **Continue** button after entering all required information.

Clicking the **Cancel** button will terminate your registration attempt and all information will be deleted.

Confirm the payment information was entered correctly.

Click the **Edit** button to re-enter payment information if needed.

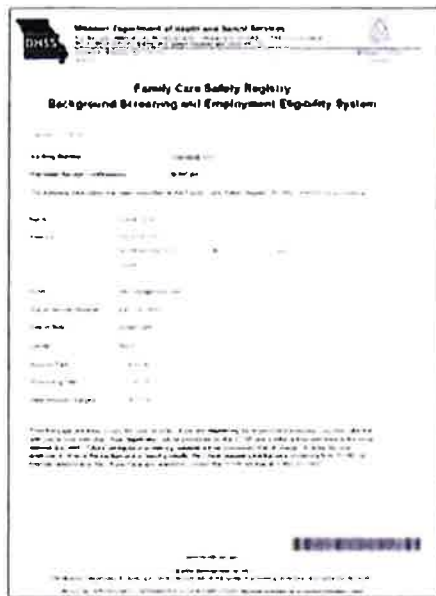
Click the **Continue** button to finish your submission and receive a transaction confirmation.

Information Summary September 24, 2020:	
Tracking Number:	10000468273
Purchase Receipt Confirmation:	20001687
Amount Paid:	\$ 14.00
Processing Fee:	\$ 1.25
Total Amount Charged:	\$ 15.25

You should receive a Transaction Successful notification. It may contain an information summary which can be printed now. Click the **Continue** button for a printer-friendly confirmation of registration submission and payment information to the FCSR.

NOTE
If your transaction was declined or failed, you may start over and submit again.

Your printer-friendly confirmation of registration submission and payment information will open in a new window. Print the notification using the Adobe Acrobat Reader print button.



NOTE
The printer-friendly confirmation requires:

- The free Adobe Acrobat Reader software, version 9 or higher
- Pop-up blocker settings be modified to allow pop-ups from *.dhss.mo.gov

you're done! Thank you!

Go to <https://healthapps.dhss.mo.gov/BSEES/Main.aspx> to submit your FCSR registration online.

What happens next? FCSR staff will review your registration information and contact you with any questions. After the registration is processed, FCSR will complete an introductory screening and send the results attached to an encrypted email. Eligible employers can request your background information at no charge. You will be notified anytime your background information is provided. Keep your contact information up to date to ensure you receive these notifications. Inform the FCSR of any name changes as well as contact information changes.

Missouri Department of Health and Senior Services
Family Care Safety Registry
PO Box 570
Jefferson City, MO 65102
Toll-free: (866) 422-6872
Fax: (573) 522-6981
www.health.mo.gov/safety/fcsr

