K-12 Ambassador Addendum Application

Thank you for your interest in K12 Ambassadors! We are passionate about changing the lives of K-12 students through filed trips, and other special activities, and hope you’ll join our effort.

This packet contains critical information need from you in order to become a K-12 Ambassador! Please be sure to read through and complete all materials. Once completed submit all pages, along with the summary of your online application materials.

Application Checklist

☐ Complete the K-12 Volunteer Application online
   You must include all information in order to be considered.

☐ Complete the Request for Child Abuse or Neglect / Criminal Record form
   Complete the sections marked with arrows. Social security numbers are required for background checks.

☐ Read and sign the Volunteer Commitment Release

☐ Sign up for an interview in DUC 150
   The interview is a quick dialogue with current K-12 coordinator that will help decide if the program suitable for you.

☐ Mark your calendar for the key dates below

Key Dates

| Application Deadline | Wednesday, September 12th, 5pm  
| Gephardt Institute – DUC 150 by the fireplace |
| Individual Interviews | September 13-15th  
| Sign up for a 15-minute interview when you submit your application |
| Training | Saturday, September 22, 2018 |

Questions? We’d love to hear from you!
Gephardt Institute for Civic and Community Engagement
gephardtitnstitute@wustl.edu or 314.935.5599
gephardtitnstitute.wustl.edu/each-one-teach-one
Danforth University Center 150 (by the fireplace)
K-12 Connections Volunteer Commitment

K-12 Connections is committed to offering an exceptional experience by delivering high quality training, preparation, ambassador support, and strong leadership. We value sustained partnerships, mutually beneficial service experiences, and dedicated volunteers. Our aim is to make a significant impact in the lives of St. Louis youth through our efforts and your commitment. As a volunteer, you will commit to the following responsibilities:

- Volunteer each week for a minimum of one semester
- Attend tutor training at the beginning of each semester
- Be present and engaged with students during visits
- Model appropriate behavior that aligns with the values of Washington University, the Gephardt Institute, and the host organization/school
- Notify K-12 Connections Coordinator of anticipated absences at least 48 hours in advance
- Adhere to program-specific attendance policies and understand that excessive absences/tardies may require K-12 Connections Coordinator to ask you to leave the program
- Communicate concerns and ideas to K12 Coordinator, Trip Leaders, or Gephardt Institute staff
- Participate in continuing education opportunities, bi weekly meetings, and other special events
- Support recruitment efforts to identify new K12 Connections ambassadors

I have read and signed the K-12 Connections Volunteer Commitment Statement which outlines my responsibilities and the responsibilities of the program:

______________________________________________________________
(Signature)                                                                 (Date)

Statement of Personal Responsibility & Release

I have read and signed the Statement of Personal Responsibility & Release regarding participation in WU Community Service Projects, and have noted the following:

- Potential dangers, hazards, and risks inherent to K-12 Connections
- Upholding behavior consistent with WU Judicial Code, WU drug and alcohol policy, and all other WU policies
- FERPA consent and authorization for WU to include my name and contact information on EOTO volunteer rosters
- FERPA consent and authorization for WU to release my K-12 Connections application materials with the Institute for School Partnerships, and or the Government and Community Relations Office at WU

______________________________________________________________
(Signature)                                                                 (Date)
REQUEST FOR CHILD ABUSE OR NEGLECT/CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions.
☐ (1) CD Central Registry Child Abuse Search Only - No Charge
☐ (2) Nuna Search - 50.00 (Criminal record, child abuse, or neglect, central registry search)
☐ (3) Fingerprint Search
☐ $14.00 (Authorized Statute 210.487)
☐ $20.00 (All other requests)

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 (First, Last, Mj, Jr, Sr, Jr)

MID NAME

DATE OF BIRTH (MM/DD/YY)

STATE OF BIRTH

SEX

RACE

ALSO NAME(S)

SOCIAL SECURITY NUMBER

DRIVER’S LICENSE NUMBER / STATE

ADDRESSES FOR PAST 5 YEARS

STREET

CITY

STATE

STREET

CITY

STATE

Have you ever been found guilty or been convicted of any criminal act in this state or any state?

☐ YES (Complete section below) ☐ NO. I have not been found guilty or been convicted of any criminal offense in this state or any state.

DATE

CITY

STATE

COUNTRY

CIRCUMSTANCES (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

COUNTRY

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 and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)

DATE

SIGNATURE OF REQUESTOR (Required in Ink)

DATE

TITLE OF CHILD CARE PROVIDER

TELEPHONE

STATE AGENCY

STATE VENDOR OR CONTACT NO. (if applicable)

CHECK APPROPRIATE BOX:
☐ CHILD CARE RELATED EMPLOYMENT
☐ CDW / CCQ CHILD CARE BUREAU
☐ SCHOLARS / PUBLIC AND PRIVATE
☐ CHILD CARE RELATED VOLUNTEER
☐ DHA / DMH VENDOR
☐ CD CONTRACT PROVIDER
☐ CD LICENSURE
☐ HEALTH CARE
☐ OTHER

COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION)

Complie your mailing label below
Confidential Mail

AGENCY NAME: Shephard Institute for Civic and Community Engagement

ATTENTION: Each One Teach One Tutoring Program

ADDRESS: One Brookings Drive

CITY, STATE, ZIP CODE: St. Louis, MO 63130-4899

SEND FEE & FORM TO:

Missouri State Highway Patrol
Criminal Records and Identification Division
P.O. Box 6510
Jefferson City, MO 65102

MO 921-3961 (0-10)
STATEMENT OF PERSONAL RESPONSIBILITY & RELEASE REGARDING PARTICIPATION IN
WASHINGTON UNIVERSITY COMMUNITY SERVICE PROJECT
(for students aged 18 or older only)

1. I, _________________________________________, am a student at Washington University (the “University”).

2. I wish to participate in a University Community Service Project entitled: K12 Connections which takes place at Washington University in St. Louis organized by the Gephardt Institute for Civic and Community Engagement, Institute for School Partnerships, and the Office of Government & Community Relations. I understand that I am not required to participate in this Student Event, but am voluntarily doing so, despite the potential dangers and risks (as described in more detail below) and despite this Release.

3. I understand and appreciate the dangers, hazards and risks inherent to the Student Event, including but not limited to transportation to, from, and around the Student Event area; natural disasters; inclement weather; heat exposure; riots; dangers associated with construction areas; accidents; illnesses; crimes; and any risks associated with independent activities I undertake as an adjunct to the Student Event, all of which could include serious or even fatal injuries or property damage or loss. I also understand that I may visit a culturally diverse area in connection with the Student Event where I may encounter unwelcome activity such as inappropriate or uninvited verbal remarks and agree to conduct myself in a respectful manner and to avoid confrontation. I further understand that the University, including the individuals acting on its behalf, cannot and does not assume responsibility for such events or personal injuries or property damage arising there from even if such injury or damage is a result of the negligence of the University or other parties released.

4. Knowing the dangers, hazards and risks of the Student Event, and in consideration of being permitted to participate in it, on behalf of myself, my family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities surrounding my participation in the Student Event and, in advance, release, waive, forever discharge, and covenant not to sue the University, its governing board, officers, agents, employees, students, and volunteers (collectively, the “Releasees”) from and against any and all liability for any harm, damage, claim, demand, action, cause of action, cost or expense of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage or injury, including but not limited to physical injury, suffering or death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees with regard to the Student Event. It is my express intent that this Release shall be deemed a release, waiver, discharge and covenant not to sue the Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family arising out of my participation in the Student Event.

5. I understand that I am expected to behave in a manner consistent with the Washington
University Judicial Code, the Washington University Drug and Alcohol Policy, and all other applicable University policies. I understand that the use or possession of any illegal drugs, including marijuana, can have very grave consequences, including arrest and imprisonment. I know that I am subject to local law and agree to obey all laws and ordinances of jurisdictions where I may be during my participation in the Student Event.

6. I am aware of my own personal medical needs and state that there are no health-related reasons or problems that preclude or restrict my ability to participate safely in the Student Event. I assume all risk and responsibility for my medical needs, and understand and agree that if I must be hospitalized or otherwise receive medical care; the University cannot and does not assume legal responsibility for payment of such costs. I hereby grant permission to the Releasees to authorize emergency medical treatment for me, and understand and agree that neither the University nor any of the other Releasees assume any responsibility for any injury or damage that may arise out of or in connection with such authorization.

7. **FERPA CONSENT:** I consent and authorize Washington University in St. Louis to release education records and information. Specifically, I authorize the Gephardt Institute for Civic and Community Engagement to release and disclose such records and information for the purpose of reviewing volunteer applications, submitting background checks, and maintaining rosters. I understand that under the Family Educational Rights and Privacy Act, 20 USC 1232(g): (1) I have the right not to consent to the release of my education records; and (2) I have the right to receive of copy of those records upon request. This FERPA Consent shall remain in effect until revoked by me, in writing, and delivered to the Director of the Gephardt Institute for Civic and Community Engagement at Washington University in St. Louis, Campus Box 1059, One Brookings Drive, St. Louis, MO 63130. I understand that any such revocation shall not affect disclosures made prior to the University’s receipt of my written revocation.

8. I warrant that I am at least eighteen (18) years of age and fully competent to sign this Release; that I understand the terms contained herein are contractual and not a mere recital; that I have read this Release with full knowledge of its significance; and that I have signed this Release as my own free act.

9. I agree that this Release shall be construed in accordance with the laws of the State of Missouri. If any term provision of this Release shall be held unenforceable, illegal, or in conflict with any governing law, the validity of the remaining portions shall not otherwise be affected.
THIS IS A RELEASE OF LEGAL RIGHTS.
READ IT AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

ACCEPTED AND AGREED:

_________________________________________  ___________
(Signature)  (Date)

_________________________________________
(Printed Name)
Background Check Information:
Please write legibly

Name (Last, First, MI):

___________________________________________

Date of Birth: ___________ State of Birth: ___________________________ Sex: ______
Race: _________

Are you an international student? YES NO Social Security Number: ____________

Note: Social Security Numbers are required for background checks, and your application will not be considered if you omit this information. If you are an international student and you do not have a Social Security Number, please note this on the line above.

Emergency Contact:

_____________________________________________________________________________
(Name) (Relationship) (Phone)

Home Address:

_____________________________________________________________________________

City: ______________________ State: _________________ Zip Code: __________

Background Check Authorization: I hereby authorize the Gephardt Institute for Civic and Community Engagement to use my personal information to conduct a background check as part of my application for K12 Connections. I further authorize the University to disclose such information and any background check results to each other as needed. I understand that I must complete this background check as a part of the application for K12 Connections.

Signature: ____________________________ Date: ________________