

For office use

Date received: \_\_\_\_\_
Notified: \_\_\_\_\_
Excel: \_\_\_\_\_
Application: \_\_\_\_\_
Release forms (5): \_\_\_\_\_
Confidentiality: \_\_\_\_\_
SH waiver: \_\_\_\_\_
Background check: \_\_\_\_\_
References: \_\_\_\_\_
SOR: \_\_\_\_\_
In SF/SF update: \_\_\_\_\_ / \_\_\_\_\_
Interview: \_\_\_\_\_
Interview completed by: \_\_\_\_\_
Accepted/not accepted date: \_\_\_\_\_
Accepted/not accepted initials: \_\_\_\_\_

Camp Courage and
Camp Courage – Virtual
... TAKES THE STAGE!

ATTACH
YOUR PHOTO
HERE

Camp Courage: Saturday, June 12th – Friday, June 18th, 2021
Camp Courage – Virtual: Saturday, June 26th – Friday, July 2nd, 2021

Priority deadline: Friday, April 16th, 2021
Late deadline: Friday, May 14th, 2021

All applicants who have not previously volunteered at Camp with Annie’s Hope must complete an interview with an Annie’s Hope staff member. Interviews must be completed by Friday, May 28th, 2021.

Volunteer Application

Thank you for widening the circle of support for grieving kids.

If you have previously volunteered at Camp, please complete sections with "\*" and all agreements, releases, and waivers.

\*Name: \_\_\_\_\_ \*Date of birth: \_\_\_\_\_
\*Gender: Female Male Non-binary Choose to not respond Age: \_\_\_\_\_
\*I prefer the pronouns: She/her/hers He/him/his They/their/theirs Ze/hir/hir
\*Preferred name (if different from above): \_\_\_\_\_
\*Home address: \_\_\_\_\_ \*City, State, Zip: \_\_\_\_\_
\*Home phone: \_\_\_\_\_ \*Cell phone: \_\_\_\_\_
\*Email address: \_\_\_\_\_
\*SCHOOL/OTHER ADDRESS: \_\_\_\_\_ \*City, State, Zip: \_\_\_\_\_
\*Driver’s license number & State: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_
\*Employer (if applicable): \_\_\_\_\_ \*Supervisor’s name: \_\_\_\_\_
\*Employer address: \_\_\_\_\_ \*City, State, Zip: \_\_\_\_\_
\*May we call you at work? Yes No \*Work phone: \_\_\_\_\_
\*To which camp are you applying? Both Camp Courage Camp Courage – Virtual

Please note that by selecting Camp Courage, you are agreeing to abide by the Pre-Arrival Quarantine and Screening expectations as outlined in the Camp Courage COVID-19 Protocols document and recognize that you may be required to participate in Diagnostic Testing for COVID-19 before coming to Camp. We ask that you review the Camp Courage COVID-19 Protocols document when deciding which format of Camp you would like to support.

\*Will you be able to be at Camp the entire time (Saturday 9AM – Friday 4PM) Yes No
\*If not, why? \_\_\_\_\_
\*Have you previously volunteered at Camp Courage or Camp Courage – Teens (FKA Camp Erin – St. Louis)?
Yes No
\*If yes, in what capacity and what years?
Arts & Crafts Coordinator Arts & Crafts Helper Cabin Counselor Camp Nurse Helping Hand
'00 – '14 '15 '16 '17CC '17CE '18CC '18CE '19CC '19CCT '20CC '20CCT

How did you learn about Annie’s Hope and Camp Courage/Camp Courage – Virtual?

**Please explain why you would like to volunteer for Camp Courage/Camp Courage – Virtual.**

**What do you hope to gain from volunteering for Camp Courage/Camp Courage – Virtual?**

**What talents, experiences, skills, knowledge, etc. can you offer to the kids of Camp Courage/Camp Courage – Virtual?**

**Do you speak any languages in addition to English?** Yes No

If yes, please explain:

**\*In what way would you like to volunteer for Camp Courage/Camp Courage – Virtual? Please check your areas of interest.**

Arts & Crafts Coordinator      Arts & Crafts Helper      Cabin Counselor      Camp Nurse      Helping Hand

**\*If you desire to be a Cabin Counselor, what age and gender of campers would you prefer? Please indicate a first and second preference for age with the numbers 1 and 2.**

Female      Male  
6 – 7 year-olds      8 – 9 year-olds      10 – 11 year-olds      12 – 13 year-olds      14 – 15 year-olds  
16 – 18 year-olds

**\*Do you have skills in any of the following areas?** Archery      Canoeing      Certified lifeguard

Clay work      Dancing      Drama      Drawing/painting      Fishing      Musical instruments  
Nature/hiking      Orienteering      Photography      Rock climbing      Ropes course certification  
Singing      Sports

**\*What is your preferred t-shirt size? Please select one.**

Small      Medium      Large      XL      2XL      3XL

**The children, teens, and adults Annie’s Hope serves depend on us to recruit reliable, safe, and committed volunteers. With that in mind, we need to ask a few tough questions. Please answer the questions honestly and completely. All answers are strictly confidential.**

**Grief and loss can occur in a variety of ways, including; death, divorce, moving, job and career changes, remarriage, disease, etc. Please describe any losses you have experienced. Include when the loss occurred, its impact on your life, how you have coped, and how you believe the experience will enhance or impede your ability to volunteer for Camp Courage/Camp Courage – Virtual. If more space is needed, please use the blank page at the end of this form. \*Returning volunteers, please include any losses you have experienced since your last volunteer commitment with Annie’s Hope.**

**Camp Courage/Camp Courage – Virtual volunteers share a wealth of experiences and talents. Please share yours.**

**Education:**

High School: \_\_\_\_\_ Graduation date: \_\_\_\_\_

College/University: \_\_\_\_\_

Degree: \_\_\_\_\_

Year in program: \_\_\_\_\_ Graduation date: \_\_\_\_\_

College/University: \_\_\_\_\_

Degree: \_\_\_\_\_

Year in program: \_\_\_\_\_ Graduation date: \_\_\_\_\_

**Work history:**

(Please share details of your work history from the past five years, starting with the most recent)

Employer: \_\_\_\_\_ Job title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Job title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Job title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Volunteer experience:**

(Please share any prior volunteer experience you have had interacting with children and adolescents. Include other camps, agencies, or organizations, such as Big Brothers Big Sisters, Sunday School, Scouting, Little League, etc.)

Organization/Group: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Organization/Group: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Organization/Group: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Organization/Group: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

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

**Please list three references (not relatives) you have known for at least a year:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

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

**\*Emergency contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\*What is important for Annie’s Hope to know about your spiritual, emotional, dietary, medical, or physical needs so we may help you be successful at Camp Courage/Camp Courage – Virtual? Please include if you eat gluten free, lactose free, vegan, or vegetarian meals.

Due to the nature of our work with children and adolescents, volunteers who have had any child/minor related criminal charges filed against them are automatically excluded from volunteering in parts of our organization that would require direct contact with children and/or teens. Annie’s Hope will complete background and sex offender registry screenings for every volunteer who applies to work with children or teens.

Have you ever been convicted of a crime?                      Yes                      No

If yes, please explain:

Please list your places of residence for the past ten years.

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates: \_\_\_\_\_

Has your name changed?                      Yes                      No

If yes, what other names have you used? \_\_\_\_\_

To raise money for our programs, Annie’s Hope applies for grant funding from foundations and corporations.

To submit successful grant applications, we need answers to the following questions.

Please remember your answers are strictly confidential and optional.

Do you identify with an organized religion?                      Yes                      No                      Choose to not respond

If yes, please state the religion: \_\_\_\_\_

What is your identity? Check as many as applicable:

African American or Black                      Asian                      Biracial                      Caucasian                      Hispanic or Latino

Native American Indian                      Choose to not respond

Other: \_\_\_\_\_

Are you now (or previously) a member of the Armed Services?                      Yes                      No                      Choose to not respond

If yes, how were you involved?                      Active                      Reserves                      Veteran                      National Guard

If yes, which military branch(es) are/were you a member of?

Air Force                      Army                      Coast Guard                      Marines                      Navy                      ROTC

**Sponsor One:**

Sponsor One is an optional, simple, and online fundraising challenge for Camp Courage/Camp Courage – Virtual volunteers. Participating volunteers are tasked with the goal of raising \$925 – the financial value of one campership to Camp Courage. Since 2015, Camp volunteers participating in Sponsor One have raised over \$65,000 for the free grief support programs offered by Annie’s Hope.

**Would you like more information about how to participate in Sponsor One?**                      Yes                      No

(Participation in this fundraising effort DOES NOT impact our selection of volunteers and is NOT mandatory, although ANY contribution raised or effort made is greatly appreciated.)

**On the final page of this application, there are options for how to obtain a background screening. Please indicate which method you have chosen:**

- Previously registered or will register with the Missouri Department of Health and Senior Services
- Missouri Automated Criminal History Site
- St. Louis County Police Department Bureau of Central Police Records
- Illinois Department of Children and Family Services
- Background screening completed within the past 12 months

The undersigned acknowledges and agrees that (1) she/he/they/ze is not required, if called upon, to perform the volunteer service herein applied for and that **Annie’s Hope** is not required to assign, or actively seek to assign, her/him/their/hir as a volunteer even after appropriate training; and, (2) as a part of the Agency’s assessment process, additional information will be elicited from the applicant by Agency personnel.

I affirm under the penalties of perjury that all the information supplied to **Annie’s Hope** during the application process is true and accurate.

**Printed name of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_

**If you are under the age of 18, a parent or guardian must provide permission for you to volunteer at Camp Courage/Camp Courage – Virtual.**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to volunteer at Camp Courage/Camp Courage – Virtual.

**Printed name of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_

**Please submit completed applications by mail, email, or fax to:**

**Annie’s Hope – The Center for Grieving Kids**  
Mailing address: 1333 W. Lockwood, Suite 104 • Glendale, MO 63122  
Email: [applications@annieshope.org](mailto:applications@annieshope.org)  
Fax: (314) 918-1438

**For questions or concerns, please contact Annie’s Hope at (314) 965-5015.**

## ***Annie's Hope & Camp Courage/Camp Courage - Virtual***

**Please read the information below. Sign your name under each of the five releases/agreements if you understand and fully agree to follow all aspects of the regulations and guidelines outlined.**

### **PHOTOGRAPHIC RELEASE**

I, \_\_\_\_\_, hereby authorize Annie's Hope to take photographs, film, audiotapes, and videotapes of me and my art work and to use them in newspapers, publications, and presentations. Annie's Hope may use these such items and information in whatever way Annie's Hope considers proper and desirable.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, understand that Annie's Hope does not authorize virtual camp participants to take photographs, recordings, or screenshots of the group from the screen in which they are participating. I am aware that Annie's Hope is not responsible if participants do not honor this expectation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **RELEASE OF RESPONSIBILITY FOR VALUABLES**

I, \_\_\_\_\_, hereby release Annie's Hope & Camp Courage staff and volunteers of any responsibility for valuables that I choose to bring to Camp Courage. I acknowledge that Camp Courage guidelines encourage all valuables to be left at home.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **SOCIAL MEDIA AGREEMENT**

I, \_\_\_\_\_, understand that, due to a commitment to maintain confidentiality, Annie's Hope prohibits me from sharing any of the pictures I take – electronically or in print – at Camp Courage/Camp Courage - Virtual pre-camp party and at Camp Courage/Camp Courage - Virtual itself with others or on any public social media forum.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **RELATIONSHIP WITH CAMPERS AGREEMENT**

I, \_\_\_\_\_, understand that, due to liability concerns, Annie's Hope prohibits me from any and all forms of contact with a camper of Camp Courage/Camp Courage - Virtual outside of the camp setting or other Annie's Hope activities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **SUBSTANCE USE AGREEMENT**

I, \_\_\_\_\_, understand that consumption or possession of alcohol, cigarettes, prescription narcotics, marijuana, or any illegal substance/drug while training or volunteering at Camp Courage/Camp Courage - Virtual is prohibited.

Virtual is strictly prohibited. I understand that all volunteers must abstain from using any substances or consuming alcohol for a minimum of 8 hours before arriving to training. I understand that a breach of this agreement may warrant immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CONFIDENTIALITY AGREEMENT**

**This statement is to be reviewed and signed by all Camp Courage/Camp Courage – Virtual staff and volunteers prior to performing any service or participating in any training.**

Children, teens, and families who come to programming offered by *Annie's Hope* are extremely vulnerable and in the midst of beginning again after a death has rocked their very existence.

As Camp Courage/Camp Courage – Virtual volunteers and staff, you become a piece of the healing process for the children, teens, and families. They open their hearts and souls in the hopes that they will one day find peace. Often what they share is highly personal and private. They may not have expressed the information with anyone else - not even with family, friends, or relatives. They share with us because they want and need to. They trust that their stories will be protected and respected.

It is a privilege to hear the pain of another. With that privilege comes much responsibility. You are to hold their stories in a sacred trust. All information shared by children, teens, families, and other facilitators is strictly confidential. Outside *Annie's Hope* programs, it is not to be discussed - even to our own families and friends.

Volunteers are expected to honor the confidentiality of children, teens, and families while Camp is held in a virtual format. Volunteers should participate from quiet, private spaces to the best of their ability. Headphones are encouraged. Additionally, volunteers should not take photographs, recordings, or screenshots of the group from the screen in which they are participating for personal use. Failure to honor this policy will result in disciplinary action.

There are five exceptions to preserving confidentiality. They are:

1. Any indication of suicidal ideation (suicidal thoughts).
2. Any indication of physical, mental, or sexual abuse or neglect.
3. If there is any reason to be concerned about drug and alcohol use/abuse by a child or teen, we reserve the right to inform the parent/guardian.
4. If there is information ordered by the court including a subpoena. We will attempt to contact the party named about this order. If the release of information is opposed, a court may nevertheless require compliance with the order.
5. If we learn that someone participating at *Annie's Hope* might commit an act of violence. In this case, we may take steps to protect the intended victim against such danger, inform the police, or both.

Volunteers who suspect that a person may harm her/him/them/hirself, another, or property, or that other conditions exist in a family that are beyond the scope of our services, are to, with the child's, teen's, or adult's knowledge, inform the Camp Director immediately. The Camp Director will assess the severity of the issue and refer to emergency services as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Sunnyhill Adventures

## 2021 Consent for Services

In consideration of admission of \_\_\_\_\_ (Participant's Full Name), for the various programs conducted by Sunnyhill Adventures, a program of Sunnyhill Inc., I/we give the unqualified right and permission to:

1. Administer medications as provided by me, the parent, Legal Guardian, or staff according to a physician's prescription and/or administer approved non-prescription drugs if required.
  
2. Participate in camp activities on and off site including but not limited to: swimming, canoeing, boating, indoor wall climbing, outdoor wall climbing, tower climbing, archery, zip-lining, caving, programs and activities off camp and in the community, riding in vehicles, and all camp activities, etc.
  
3. In the event that I cannot be reached in an emergency, I hereby give permission to transport the above-named participant and secure treatment at a health care facility at my expense.
  
4. I hereby indemnify Sunnyhill Inc., its' agents and employees, and agree to hold it and them harmless from any and all liability arising out of any injury, or accident that might happen to the participant, and from any damage the participant might cause to any person(s) or property while in the care of Sunnyhill Inc., its' agents and employees. I further understand that the participant can be excluded at any time during the program by the director if it is judged that the participant has hampered the safety, welfare, or enjoyment of self or other in the program.

I have read the foregoing, which I understand to be Consent for Services, release and indemnification, and I understand this fully.

In witness whereof, I have executed this consent and indemnification.

\_\_\_\_\_ Date: \_\_\_\_\_  
Participant Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Legal Guardian Signature



Annie's Hope looks forward to a future when large group gatherings, like Camp Courage, can be done safely. Our attentive, dedicated, and creative team is exploring how we can make this a reality for our 2021 camp programming. At this time, Annie's Hope plans to offer one week of in-person camp and one week of virtual camp to best meet the needs of the children, teens, and families we serve. Please complete the following information to help our team prepare for the possibility of in-person and virtual camp.

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Have you tested positive for COVID-19?      Yes      No

If yes, on what date did you test positive for COVID-19? \_\_\_\_\_

Have you been vaccinated for COVID-19?      Yes      No

All virtual programming will be hosted using Zoom. Campers, volunteers, and staff must have a Zoom account to participate in our virtual programs. Create a free Zoom account at [www.zoom.us](http://www.zoom.us).

We will use the Breakout Room function of Zoom to separate campers and cabin counselors into cabins. To use this feature effectively, we need to know the email address associated with your Zoom account. What is this email address?

Email address: \_\_\_\_\_

What is the best email address to send the meeting invitation link?

Email address: \_\_\_\_\_

From what location will you be participating?      Home      Relative's house      Other

If you will be participating from a location other than home, what is the address of the location?

Location name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*\*This information is needed in case of an emergency*

Have you ever used Zoom?      Yes      No

Do you have an electronic device (desktop computer, laptop, iPad, tablet, Kindle Fire, etc.) that you can use?

Yes      No

If yes, what type of device will you use for Zoom? \_\_\_\_\_

Does the location from which you will Zoom have internet access?      Yes      No

Please anticipate ongoing communication from Annie's Hope regarding our plans for Camp Courage & Camp Courage – Virtual 2021. If you plan to participate in camp in person, know that you are agreeing to abide by the Pre-Arrival Quarantine and Screening expectations as outlined in the Camp Courage COVID-19 Protocols document and recognize that you may be required to participate in Diagnostic Testing for COVID-19 before coming to Camp. Due to the risks posed by COVID-19, Annie's Hope MUST be notified of any exposure to someone who is positive for COVID-19 during the two weeks before the start of camp.

Please keep this page for your reference.

**All Annie's Hope volunteers who work directly with families must have a background check completed annually.**

**STEP 1: Select and complete a background screening option from list below.**

**Option 1 (preferred):** Missouri Department of Health and Senior Services

This is only for Missouri residents. Register with the Missouri Department of Health and Senior Services as shown below. A week after registration, call 1 (866) 422-6872 to request a current background check. It can be done immediately. Ask the DHSS employee for the request number. You will receive a copy of the background check in the mail. Please copy it and email/mail/fax to Annie's Hope immediately.

To register, go to this website: <http://health.mo.gov/safety/fcsr/>. Read the details and then click on "Register Online." You may also register by submitting the *Worker Registration Form*, completing the form, providing a copy of your social security card and sending a one-time \$13.00 registration fee to:

Missouri Department of Health and Senior Services  
Fee Receipts Unit  
P.O. Box 570  
Jefferson City, MO 65102

After a volunteer registers with the Department of Health and Senior Services and receives their first background check, Annie's Hope can complete this annual requirement for you.

From time to time, a volunteer's Social Security Number appears as "registered" in the Missouri Department of Health and Senior Service's system, yet the system can't "find" the volunteer. If this happens, Annie's Hope will notify the volunteer and ask them to complete the request independently. To process to do this is similar to registering for the first time: Call 1 (866) 422-6872 to request a current background check. It can be done immediately. Ask the DHSS employee for the request number. You will receive a copy of the background check in the mail. Please copy it and email/mail/fax to Annie's Hope immediately.

**Option 2:** Missouri Automated Criminal History Site

This is only for Missouri residents. Register with the Missouri Automated Criminal History Site. Go to <https://www.machs.mshp.dps.mo.gov/MocchWebInterface/home.html> to obtain your background check. You will need to set up an account – simply click on the link "New to this site? Click here to get started" on the right side. Once you have set up your account, you will need to provide your name, date of birth, or social security number. There is a \$13 fee (plus a convenience fee). The background check will be sent to your account. It will NOT be emailed or mailed to you. You will need to print your background check and submit it with your volunteer application.

**Option 3:** St. Louis County Police Department Bureau of Central Police Records

Arrive in person to the St. Louis County Police Department Bureau of Central Police Records. The address is 7900 Forsyth in Clayton, MO, Room B-013, on the street level (accessible from either Central, Meramec Avenue, or the Memorial Park Entrance) of the Police Headquarters. The office is open from 7:30 AM to 5:00 PM, Monday through Friday (excluding holidays). The number is 314-615-5317. If your main residence is in a different county, please call the police station in your county and ask about their process for record checks.

Criminal History Record Checks may be obtained by applying in person with the following identification:

1. Drivers License with Social Security Number
2. Drivers License AND Social Security Card (if SSN is not on license)
3. Birth Certificate, original or sealed copy AND Social Security Card AND picture ID
4. Military Identification
5. Immigration and Naturalization ID AND Social Security Card
6. State Identification with Social Security Number
7. State Identification AND Social Security Card, if SSN not on ID
8. Legible Traffic Citations with Social Security Number AND Picture ID

If using more than one type of identification, i.e. Drivers License and Social Security Card, both forms of identification must be in the same name. A Marriage Certificate/Divorce Decree/Court Documents are required for any legal name change.

Once again, criminal history record checks must be obtained in person by the individual requesting the record check. A record check cost, for a criminal history record check for incidents that occurred within St. Louis County is \$4.50 and a criminal history record check for incidents that occurred within the City of St. Louis is \$4.50. The total cost for a City and County Record Check is \$9.00. Please submit your background check with your volunteer application.

**Option 4:** Illinois Department of Children and Family Services (for Illinois residents only)

Complete the form at

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Manuals/CHP/AmeriCorps/8DCFSAuthorizationforBackgroundCheck.pdf> with the following information:

Annie's Hope (Agency Name)  
Nicole Rhodes (Contact Person)  
1333 W. Lockwood, Suite 104 (Address)  
Glendale, MO 63122 (City/State/Zip)

Mail the completed application to:

Department of Children and Family Services  
406 E. Monroe – Station #30  
Springfield, IL 62701

The completed background check will then be mailed directly to Annie's Hope. Please note this option takes 4 – 6 weeks to fully complete, so please initiate your request ASAP.

**Option 5:**

If you have had a background check completed within the past twelve months, a copy for Annie's Hope records may be sufficient.

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**Step 2: Fingerprinting through the Missouri Automated Criminal History System (MACHS)**

All volunteers must be fingerprinted through the Missouri Automated Criminal History System. MACHS utilizes the Missouri Volunteer and Employee Criminal History Service (MOVECHS) program to conduct fingerprinting. MOVECHS provides a criminal history record at the state and federal level.

Following the applicant's volunteer interview, Annie's Hope will provide further instructions on how to register and complete the fingerprinting process.

**For volunteers who are not Missouri or Illinois residents**, contact Annie's Hope about completing a background check in the state in which you reside. **Due to Annie's Hope budget constraints, we are requesting that volunteer applicants cover the cost of the background check and fingerprinting fees.** If this is not possible, please do not hesitate to call. For information or questions contact *Annie's Hope* at (314) 965-5015.