

5<sup>th</sup> Circuit Community Engagement Department  
5<sup>th</sup> Judicial Circuit Court of Missouri, Juvenile Office

**Background Information Authorization**

*I hereby give permission to the 5<sup>th</sup> Circuit Juvenile Office, Community Engagement Department to inquire about my qualifications and/or character by:*

- completing a Worker Registration Form through the Missouri Department of Health and Senior Services for the Family Care Safety Registry (to gain permission for checks through FCSR)
- consenting to Social Security Number verification, criminal, FBI, national sex offender registry background and child abuse/neglect registry checks, (checks will be done at the minimum of every four years for all volunteers)

Information needed for background checks

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

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

Middle Name: \_\_\_\_\_

Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Aliases or Maiden Names: \_\_\_\_\_

Please disclose any involvement you have had with Children's Division or any law violation convictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Failure to sign the waiver for Background Screening Waiver will result in the Rejection of Volunteer Application.