



2 Normandie Hall  
One University Boulevard  
St. Louis, MO 63121-4499  
Telephone: 314.516.4106  
Fax: 314.516.4119

Dear Prospective Volunteer:

Thank you for your interest in the Volunteer Services Program at UM – St. Louis. We welcome your offer to volunteer with us and look forward to discussing your individual contributions further. Our volunteers contribute so much to the campus because of their caring attitudes and enthusiastic spirit.

As a means of showing appreciation for our volunteers, we offer:

- **Volunteer Uniforms** –A gold uniform shirt is provided to volunteers at no charge. Volunteer Services identification card lanyards also are available to differentiate volunteers from students/staff.
- **Parking** – Complimentary parking passes are provided while volunteering.
- **Campus Bookstore** –10% discount when making a purchase in the Campus Bookstore.
- **Mark Twain Building** - A wide range of recreational activities and programs are available in this complex. Volunteers may use the facilities when they are not scheduled for classes, intramurals, or other events.
- **Libraries** - Your University identification card may be used to check out books at any of the UM-St. Louis campus libraries.
- **Recognition** – We offer various recognitions and awards programs

As a volunteer, you are required to attend Orientation to Volunteering prior to beginning your volunteering assignment. At this brief orientation, you will receive additional information on the following:

**Volunteer Handbook** –The handbook contains information on campus history, the assignment process, and Volunteer Services policies and procedures.

**ID Badge** –Information on obtaining your UM-St. Louis Volunteer ID card will be provided at orientation.

**Background Check** – All volunteers must submit to a criminal background check. Volunteer service may begin pending the outcome of the background check.

Please complete the enclosed application and return it to us at your convenience. You will be contacted within one week to schedule a personal interview with the Volunteer Coordinator to match your skills with an available position on campus.

Again, thank you for your interest in our volunteer program.

Sincerely,  
Elizabeth Pawloski  
UM–St. Louis Volunteer Services Coordinator



# UNIVERSITY OF MISSOURI - ST. LOUIS

## Volunteer Application

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

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

### I. SKILLS AND INTERESTS

Education Background: \_\_\_\_\_

Current occupation: \_\_\_\_\_

Hobbies, skills and interests: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Are you an alumnus of UM-St. Louis?

Yes

No

### II. PREFERENCES IN VOLUNTEERING

Is there a department or area of the campus with which you are particularly interested in working?

No preference

Department/Area \_\_\_\_\_

### III. AVAILABILITY

*Please indicate time frames that you are typically available to work.*

DAY	TIME AVAILABLE
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**IV. BACKGROUND VERIFICATION**

- 1. Have you ever been convicted of a criminal offense?  
 Yes                       No
  
- 2. Have you ever been charged with neglect, abuse or assault?  
 Yes                       No
  
- 3. Has your driver's license ever been suspended or revoked in any state?  
 Yes                       No
  
- 4. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?  
 Yes                       No

**V. REFERENCES**

1. Please list two persons (non-relatives) who are familiar with your qualifications for volunteer service.

a. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

b. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**VI. HOW DID YOU HEAR ABOUT US?**

- Student/staff member                       Media \_\_\_\_\_                       Website
- Other organization                       Community Event
- Referred by: \_\_\_\_\_

**VII. STATEMENT OF UNDERSTANDING**

*This is an application for a volunteer position with UM-St. Louis for which there is no monetary compensation. In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, gender, religion, creed, national origin, socioeconomic status, age, disability, marital status, veteran status or any other basis prohibited by federal, state or local law.*

*I hereby authorize you to check my personal references; I further authorize these references to release to you information that they have about me.*

*I understand that all volunteer positions require a Criminal Background check.*

*I understand that any misrepresentation, omission or falsification of any fact from this application or during the interview will be cause for rejection of this application or dismissal from volunteer service.*

*I am willing to take training and abide by the policies, standards and procedures of UM- St. Louis.*

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Volunteer Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete and return to:  
UM-St. Louis  
Volunteer Services  
2 Normandie Hall  
One University Boulevard  
St. Louis, MO 63121-4400  
314.516.4106 phone  
314-516-4119 fax

Form VS-09, 10/12/09

For office use only: Received _____ Interview _____ Inactive _____
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**THE UNIVERSITY OF MISSOURI - ST. LOUIS  
DISCLOSURE TO VOLUNTEER SERVICES APPLICANT  
REGARDING PROCUREMENT OF CRIMINAL BACKGROUND REPORT**

In connection with your application for volunteer service, the University of Missouri may procure a Criminal Background Report on you. If it is likely that information from the Report will be utilized in whole or in part in making an adverse decision with regard to your potential volunteer service, the University will first provide you with a copy of the Report and a description in writing of your rights under the federal Fair Credit Reporting Act.

**By your signature below, you hereby authorize the University to obtain a Criminal Background Report about you in order to consider you for volunteer service. The information requested below is being used strictly to ensure accurate results from the Criminal Background Report.**

**Applicant's Name:** \_\_\_\_\_  
(Please Print Your Full Legal Name)

**Applicant's Address:** \_\_\_\_\_

**City/ State/ Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:** M or F

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

**The information requested above is used to assist in the completion of a background investigation. The information will be maintained in a limited access file. The information will be used for the sole purpose of identification when conducting a background investigation.**



*Volunteer Services Policy: Confidentiality and Privacy of Students, Faculty, and Staff*

ACCESS AND CONFIDENTIALITY AGREEMENT  
(Volunteer)

Volunteers are responsible for maintaining the confidentiality of all privileged information to which they are exposed while serving as a volunteer. Failure to maintain confidentiality may result in the dissolution of the volunteer's relationship with UM-St. Louis.

As a volunteer at the University of Missouri-St. Louis you may have access to what this agreement refers to as "confidential information." This agreement will help you understand your responsibilities regarding access and protection of confidential information.

Confidential information is valuable and sensitive and is protected by law and by strict UMSL policies. The intent of these laws and policies is to assure that confidential information will remain confidential. It will be used only as necessary to accomplish the organization's mission. As a volunteer you are required to conduct yourself in strict conformance to applicable laws and UMSL policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and abide by these duties. The violation of any of these duties will subject you to discipline, which might include, but is not limited to, dismissal from volunteer position.

As a volunteer you understand that you will have access to confidential information which may include, but is not limited to, information relating to:

- Staff, faculty, or students (such as employment records, grades, performance evaluations, disciplinary actions, personal information, etc.)
- UMSL information (such as financial and statistical information, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.) and
- Third party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, etc.)

Accordingly, as a condition of and in consideration of your access to confidential information, your promise that:

1. You will use confidential information only as needed to perform your legitimate duties as a volunteer affiliated with UMSL. This means, among other things that:
  - A. You will only access confidential information for which you have a need to know; and
  - B. You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of your professional activities affiliated with UMSL; and

- C. You will not misuse confidential information or treat confidential information carelessly.
2. You will safeguard and will not disclose your access code or any other authorization you have that allows you to access confidential information. You accept responsibility for all activities undertaken using your access code and other forms of authorization.
  3. You understand that your obligations under this Agreement will continue after completion of your volunteer assignments. You understand that your privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.
  4. You understand that you have no right or ownership interest in any confidential information referred to this Agreement. UMSL may at any time revoke your access code, other authorization, or access to confidential information.
  5. You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard your access code or other authorization to access confidential information. You understand that your failure to comply with this Agreement may also result in your dismissal as a UMSL volunteer.

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Volunteer Signature

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Date

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Printed or Typed Name