





**Background Check Information**

Full Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birthday: \_\_\_\_\_

*The above information will only be used to do a criminal background check through the Family Care Registry, which is required for volunteers who work with minors. By signing below you give the YLF Planning Committee permission to conduct the background checks as necessary for your participation in the 2020 YLF.*

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

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**REFERENCES (please list three, include telephone number)**

1. \_\_\_\_\_ Telephone: \_\_\_\_\_
2. \_\_\_\_\_ Telephone: \_\_\_\_\_
3. \_\_\_\_\_ Telephone: \_\_\_\_\_

*For any clarification or questions, I will contact Rachel at (573) 526-4564 or [rachel.rackers@oa.mo.gov](mailto:rachel.rackers@oa.mo.gov)*

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

**The application deadline is May 1, 2020.**

***There is a fixed number of volunteer staff positions. Return completed applications to:***

LDP/DHH  
301 West High Street, Room 840  
PO Box 1668  
Jefferson City, MO 65102

OR

By email: [rachel.rackers@oa.mo.gov](mailto:rachel.rackers@oa.mo.gov)

OR

By fax: 573-526-4109

For additional information  
Contact Rachel Rackers  
573-526-4564  
[rachel.rackers@oa.mo.gov](mailto:rachel.rackers@oa.mo.gov)