

DATE RECEIVED

SPONSORING ORGANIZATION INFORMATION			
ORGANIZATION NAME			
ORGANIZATION CONTACT PERSON	ORGANIZATION CONTACT PERSON EMAIL		
ORGANIZATION TELEPHONE NUMBER	COUNTY		
ORGANIZATION STREET ADDRESS	CITY	STATE	ZIP CODE
SPONSORING ORGANIZATION'S PRINCIPAL OFFICIALS (If addit	ional space is needed, provide info	mation on	separate page and
attach to this form)			
NAME	TELEPHONE NUMBER	COUNTY	
OFFICE STREET ADDRESS	CITY	STATE	ZIP CODE
NAME	TELEPHONE NUMBER	COUNTY	
OFFICE STREET ADDRESS	CITY	STATE	ZIP CODE
NAME	TELEPHONE NUMBER	COUNTY	
OFFICE STREET ADDRESS	CITY	STATE	ZIP CODE
REGISTRATION INFORMATION			
CALENDAR YEAR OF REGISTRATION	DATE (MM/YYYY) VOLUNTEER SERVICES ARE EXPECTED TO BEGIN:		
REGISTRATION INFORMATION			
		DATE	

Please submit your payment via credit card at <u>https://magic.collectorsolutions.com/magic-ui/payments/mo-health-senior-serv/202304</u> and then email a copy of your receipt and completed registration form to <u>VHSA@health.mo.gov</u> or return the completed registration form and a \$50.00 check or money order payable to the Missouri Department of Health and Senior Services to the address below:

Missouri Department of Health and Senior Services Attn: Fee Receipts P.O. Box 570 Jefferson City, MO 65102-0570

Registration begins upon the date the Department of Health and Senior Services acknowledges receipt of all information, including the fee. Volunteer health services provided prior to the registration date acknowledged by DHSS may not be afforded the liability protections under 191.1100 - 191.1112, RSMo. Upon any change of the above information, the sponsoring organization must notify the Department in writing within 30 days of occurrence. The sponsoring organization is responsible for filing a Volunteer Health Services Sponsoring Organization Quarterly Report to the Department of Health and Senior Services on a quarterly basis. For further information, please contact the Office of General Counsel at 573/751-6005 or VHSA@health.mo.gov.