



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 OFFICE OF GENERAL COUNSEL  
**VOLUNTEER HEALTH SERVICES ACT**  
**SPONSORING ORGANIZATION ANNUAL REGISTRATION FORM**

DATE RECEIVED	DATE REGISTERED
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**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 additional space is needed, provide information 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:
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**REGISTRATION INFORMATION**

	DATE
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Please 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](mailto:VHSA@health.mo.gov).