

IOWA CITY COMMUNITY SCHOOL DISTRICT VOLUNTEER APPLICATION

The information on this form will be used to match as closely as possible your skills and interests with the volunteer opportunities available in the Iowa City Community School District

NAME _____ DATE _____

ADDRESS _____

E-MAIL ADDRESS _____ PHONE (H) _____
(W) _____

Briefly explain why you wish to volunteer in the Iowa City Community School District:

List your interests, special skills, and hobbies that you could bring to the curriculum of the Iowa City Community School District: _____

Do you have any special needs that would assist or hinder your performance as a volunteer?

Please name the school(s) in which you would like to volunteer (if you have a preference):

Are you a legal parent or guardian of a child in the school where you seek to volunteer? _____

Type of volunteer work preferred – circle all that apply:

reading	social studies	creative writing
computer assistance	math	media center assistance
science	clerical assistance	art
music	English as a Second Language	physical education

If you are able to speak a foreign language please indicate which one(s):

Would you be comfortable working with students in Special Education? yes no

Level at which you prefer to volunteer: Elementary Junior High High School

Do you have transportation to and from the volunteer site? yes no

Is this request to volunteer motivated by a requirement for college coursework/department?

Major _____ Year _____

Most opportunities for volunteers in the schools are between 8:30 a.m. and 3:00 p.m.
Please indicate the best times for you—we request one hour per week.

	Mon.	Tues.	Wed.	Thu.	Fri.
Time	_____	_____	_____	_____	_____

If you are only available for after school activities please indicate days and times:

	Mon.	Tues.	Wed.	Thu.	Fri.
Time	_____	_____	_____	_____	_____

If you are not available to volunteer on a weekly basis, would you be available for one time projects? yes no

Please list brief employment/volunteer history:

Job Title	Place of Work	# of years
1.	_____	_____
2.	_____	_____

Please list two references (excluding family):

Name	Address (include e-mail, if available)	Phone (work and home)	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

Any restrictions/comments?

Signature

Date

The ICCSD greatly appreciates your interest in our students and efforts to enhance their learning experience. Please contact The Volunteer Secretary, 688-1000, with questions.

This application will be kept on file in the Central Administrative Office with the Volunteer Secretary.

Volunteer Disclosure Statement

It is the policy of the Iowa City Community School District Board of Directors to make every reasonable effort to provide a safe learning environment for students working with volunteers. Therefore, the District requires the following confidential information from volunteers who work directly with students or assist staff on a regular basis; supervise/chaperone students; or act as a primary authority figure. This statement must be completed and returned to the Partners in Education Office prior to beginning any volunteer experience.

Have you ever been convicted of a serious misdemeanor, aggravated misdemeanor, or a felony under Iowa law or any other state/country law?

_____ Yes _____ No

Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?

_____ Yes _____ No

Have you ever been the subject of or listed as the perpetrator in a founded child abuse report?

_____ Yes _____ No

Are you required to register as a sex offender with the Sex Offender Registry?

_____ Yes _____ No

Do you currently have charges pending or are there any ongoing investigations relating to any of the aforementioned?

_____ Yes _____ No

Has your driver's license ever been suspended or revoked for any reason? (answer to be used in determining volunteer drivers)

_____ Yes _____ No

A "Yes" answer to any of the questions listed above requires an interview with a district administrator.

Name _____

Street Address _____

City/State Zip _____

Day Phone _____ Evening Phone _____

School(s) in which you are wishing to volunteer: _____

By signing on this form, I agree that should any of the above information change in the future I shall contact the Volunteer Secretary immediately.

Signature

Date

Please return this form to: Volunteer Secretary
Iowa City Community School District
509 South Dubuque Street
Iowa City, IA 52240

Iowa City Community
School District

Lane Plugge, Ph.D.
Superintendent
Fax (319) 688-1009

509 S. Dubuque St.
Iowa City, IA 52240
Tel (319) 688-1000

Dear Iowa City Community School District Volunteer Applicant:

Attached are two types of forms that the Iowa City Community School District asks that you complete and return with your volunteer application.

1. The first is a release allowing us to conduct a criminal background investigation. Please complete the attached form(s). Fill in all blanks marked by an "x", sign at the bottom of the page (do not sign on line for "Requestor"), date and return it with your application. **You will note more than one form is attached, as you will need to fill out one form for every surname you've held. If more forms are needed than what is provided, please contact the Human Resources Department at the phone number above.**
2. The second is a release allowing us to contact the Central Abuse Registry to check for child abuse information. Please fill in #2 and sign Part B. Only one form per applicant is needed for this check.

The attached form(s) will be kept in a location separate from your application.

The results of the attached forms will be kept confidential. The district will assess on a case-by-case basis whether background information disqualifies a person from volunteer service in the Iowa City Community School District.

=====

My signature below indicates that I promise to inform the Director of Human Resources/designee of the Iowa City Community School District if I should be the subject of changes, pending investigation or conviction of any crime involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation or any other crime related to children.

Signature Date

STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, IA 50319
(515) 281-5138 (Voice - Days)
(515) 281-4776 (Voice - Evenings)
(515) 242-6876 (Fax)

FROM: Iowa City Community School District
509 S. Dubuque St.
Iowa City, IA 52240
(319) 688-1009 (Fax)
(319) 688-1000 (Phone)

I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or Print Legibly)

REQUEST

X
Last Name (Mandatory)

X
First Name (Mandatory)

X
Middle Name (Recommended)

X
Date of Birth (Mandatory)

X
Sex (Mandatory)

X
Social Security Number (Recommended)

Signature of Requestor _____

There is a separate Form "A" required for each last name submitted

(DCI Use Only)

RESULTS

As of _____, a name and date of birth check revealed:
Date

CCH record attached No CCH record found DCI initials _____

Waiver

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

X
Signature

X
Date

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I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or Print Legibly)

REQUEST

<u>X</u> Last Name (Mandatory)	<u>X</u> First Name (Mandatory)	<u>X</u> Middle Name (Recommended)
<u>X</u> Date of Birth (Mandatory)	<u>X</u> Sex (Mandatory)	<u>X</u> Social Security Number (Recommended)

Signature of Requestor

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(Type or Print Legibly)

REQUEST

X _____
Last Name (Mandatory)

X _____
First Name (Mandatory)

X _____
Middle Name (Recommended)

X _____
Date of Birth (Mandatory)

X _____
Sex (Mandatory)

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Signature of Requestor

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X _____
Signature

X _____
Date

REQUEST FOR CHILD ABUSE INFORMATION

Persons or agencies with authorized access to child abuse information must use this form to request information about a registered child abuse report. Complete a separate form for each family or individual.

SECTION I: To be completed by the person or agency requesting the information.

Requester: Last	First	or Agency Name	Telephone Number	
		Iowa City Community School District	(319) 688-1000	
Street		City	State	Zip Code
509 S. Dubuque Street		Iowa City	IA	52240
Relationship to the persons listed in Section II or III: Employer/Volunteer Coordinator				
I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form. I understand that this request will not be approved unless I have authorized access.				
Signature of Requester			Date	

Complete Section II if the purpose of this record check is employment, licensing or registration, or payment approval.

SECTION II: List the name and address of the person whose record is being checked.

Last	First	Middle	Birth Date	Social Security Number	
Street		City	County	State	Zip Code
List maiden name, any previous married names, and any alias:					

Complete Section III if the request is for a copy of the written summary of the abuse investigation or assessment.

SECTION III: Request for written summary.

Parent's Name(s): Last	First	Middle	County	Birth Date	Social Security Number
Street		City	State	Zip Code	
List maiden name, any previous married names, and any alias:					
Children's Name(s) (Attach additional pages if necessary):					
Last	First	Middle	County	Birth Date	Social Security Number

SECTION IV: Registry or designee decision.

- This request for information is approved.
- This request for information is denied because:

Signature	Date
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LEGAL PROVISIONS FOR HANDLING CHILD ABUSE INFORMATION

Redissemination of Child Abuse Information (Iowa Code 235A.17)

A person, agency, or other recipient of child abuse information shall not redisseminate (release) this information, except that redissemination is permitted when ALL of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code Section 235A.15.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code 235A.21)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child abuse information under false pretense, or
- ◆ Willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code Sections 235A.15 and 235A.17, or
- ◆ Is connected with any research authorized pursuant to Iowa Code Section 235A.15 and willfully falsifies child abuse information or any records relating to child abuse.

Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or both fine and imprisonment.

Any person who knowingly, but with criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 and 235A.17 shall for each such offense be fined not more than \$100 or be imprisoned not more than ten days.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapter 235A shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child abuse information.

REQUESTS FOR CORRECTION OF A CHILD ABUSE REPORT

To request correction of a child abuse report, please submit a request in writing to: Central Abuse Registry, Attn: Registry Review, 5th Fl, 1305 E Walnut St, Des Moines, Iowa 50319-0114. You will be notified in writing of the Registry decision whether to grant review of a report. If you disagree with this decision, the written notice will explain how you may request an administrative hearing about the report and its conclusions. Iowa Code Section 235A.19