

**Davis County Community School District
Volunteer Information Form**

Please print clearly

Full Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

List the areas in which you would like to volunteer: _____

Personal References:

Name: _____ Position: _____

Relationship: _____ Phone: _____

Name: _____ Position: _____

Relationship: _____ Phone: _____

Are you on a Sex Offender Registry? Yes: _____ No: _____

Are you on the Department of Human Services Child Abuse Registry or been founded of a complaint of child abuse? Yes: _____ No: _____

Have you ever been convicted or received a deferred judgment for a crime (not including traffic tickets)? Yes: _____ No: _____

Are you able to perform, with or without reasonable accommodation, the essential functions required of this position? Yes: _____ No: _____

I hereby certify that the above information is true, accurate and complete.

Signature: _____ Date: _____



Davis County Community School District

www.dcmustangs.com • 608 S. Washington • Bloomfield IA 52537 • 641-664-2200 • FAX 641-664-2221

STAFF/VOLUNTEER CONFIDENTIALITY STATEMENT

It is the policy of the Davis County Community School District that all information, records, correspondence, oral and written communication regarding students is confidential.

State and Federal laws prohibit any person associated with the District from disclosing confidential information regarding persons being served to persons who are not employees or agents of the District. Violation of confidentiality laws could be a violation of federal and/or Iowa law for which a fine and/or jail sentence could be imposed. A person who violates this law may also be sued for damages.

A reasonable interpretation of these laws is:

Absolutely no information of any sort particular to a specific student, or which could identify him/her, may be provided to anyone who is not an agent, employee or representative of the Davis County Community School District who, because they are directly working with the student or for other reasons, has a need to know such information, without the specific written consent of the parent agreeing to such disclosure.

Therefore, employees/volunteers of Davis County Community School District are bound by these confidentiality laws, as well as confidentiality regarding this district and its employees. Divulging confidential information to unauthorized persons can or may result in termination of employment and/or association with the District.

I, _____ (print name), the undersigned, have read this confidentiality statement and I agree to maintain the confidentiality of information as outlined above.

Signed _____ Date _____

Witness to Signature _____ Date _____

Davis County Community School District
608 S. Washington
Bloomfield IA 52537

Dear Prospective Employee/Volunteer:

As a condition of employment with our District, for all personnel, we require a criminal history records check from any law enforcement agency or judicial record agency that we consider appropriate. Please note that the law enforcement agency or judicial record agency will require your written permission and release before providing the background information requested. (See attached document(s).)

The District's offer of employment will be automatically withdrawn *and/or* you will be terminated should the following be true:

- 1. Information discovered in the course of such a check conflicts with statements you made on your employment application.**
- 2. This check reveals you have been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child or any other felony that, in the District's opinion, is related to the position for which you are applying.**
- 3. Conviction of a drug offense or an offense involving violence may result in withdrawal of any offer.**

Employees and volunteers who will be working with children are required by the Davis County Community School District to give written permission for a Child Abuse Registry Check. This check must also be satisfactory in order for you to be employed by or retain your employment or volunteer status with the District.

If the position for which you are applying requires you to have a driver's license *and/or* you may be required to transport students, you will be required to give written permission for a check of your driving record from the Iowa Department of Transportation. This check must also be satisfactory in order for you to be employed by or retain your employment or volunteer status with the District.

I, _____ (print name) have read and fully understand the above information and give my permission to Davis County Community School District to perform the background verification described herein as part of its employment/volunteer process.

Signed _____ Date _____

Witness to Signature _____ Date _____



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
 215 E. 7th Street
 Des Moines, Iowa 50319
 (515) 725-6066
 (515) 725-6080 Fax

From: Davis County Comm. School District
608 S. Washington
Bloomfield IA 52537
Phone: 641-664-2200
Fax: 641-664-2221

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	



APPLICANT DISCLOSURE AND AUTHORIZATION FORM
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLAIMER: This document is intended for instructional purposes only and is not intended as legal advice. We recommend you consult with an attorney to review this document and the attached state notices to ensure your compliance with applicable state laws related to background screening and consumer notices and disclosures.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

This information will be used for background screening purposes only and will not be used for any other purpose

Last Name: _____ First Name: _____ Middle: _____

Other Names/Alias: _____

Social Security #: _____ Date of Birth (MM/DD/YYYY): _____

Driver's License #: _____ State of Driver's License: _____

Present Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

All Previous Addresses in the Last Seven (7) Years

Signature: _____ Date: _____



Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry, Dependent Adult Abuse Registry, Both

Please specify your preferred method of response by checking a box and completing the information in Section 1.

- Address, Fax, Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last, First, Agency Name, Telephone Number, Address, PO Box, Fax Number, City, State, Zip Code, Email

List the name and address of the person whose information is being requested:

Name (last, first, middle), Birth Date, Social Security Number, Address, City, County, State, Zip Code

List maiden name, previous married names, and any alias:

What is the purpose of your request for child or dependent adult abuse information?

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requestor, Date

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing, Date

Section 3: To be completed by the Central Abuse Registry or designee.

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee, Date

Comments