

VOLUNTEER DISCLOSURE STATEMENT

It is the policy of the Central DeWitt 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; who supervise and/or chaperone students; or who act as a primary authority figure. This statement must be completed and returned to any School Building Office prior to beginning any volunteer service.

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 or have you ever been 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

If you answered "Yes" to any of the questions listed above, please provide an explanation:

NAME _____

ADDRESS/CITY/STATE/ZIP _____

DAY PHONE _____ EVENING PHONE _____

EMAIL ADDRESS _____

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

School(s) submitting volunteer form: _____

Student(s) name (if applicable): _____

By signing on this form, I agree that should any of the above information change in the future, I shall contact the District's Administrative Office immediately. I understand the falsification of any statement on this application could be cause for being refused or dismissed from serving as a volunteer.

Signature _____

Date _____

When complete, please give these **THREE** Volunteer forms to any one of the School Building Offices (Ekstrand, Intermediate, Middle, High School or Administration Center.) They will start the background check process. It can take anywhere from 2 days to 4 weeks to receive the completed background report, so please turn these in way in advance of any event you wish to attend. After receiving the report, we will contact you to let you know you've been approved and are on the active volunteer list. Thank you for your service to Central DeWitt CSD!



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

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Central DeWitt Community School District 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 and COMPLETE ALL SECTIONS BELOW

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

LEGAL Last Name: _____ LEGAL 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: _____



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
		One Source the Background Check Company	(800) 608-3645
Address			Fax Number
PO Box 24148			(800) 929-8117
City	State	Zip Code	Email
Omaha	NE	68124	iaregistry@onesourcebackground.com
List the name and address of the person whose information is being requested:			
Entire Legal 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?			
Employment			
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
<i>Nick Jasa</i>			

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	