

*Inspiring and enabling all young people, especially those who need us most,  
to reach their full potential as productive, caring, responsible citizens*

RETURN TO: Boys & Girls Clubs of Central Iowa, Attn: Jena Weissenburger  
1350 E. Washington Avenue • Des Moines, IA 50316  
(515) 262-5695 • FAX (515) 262-0904

**Volunteer Application – Please Complete Information in Gray Boxes**

Date: \_\_\_\_\_ Drivers License# \_\_\_\_\_ SS#: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best Time To contact you: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 How did you learn of BGCCI volunteer opportunities? \_\_\_\_\_

**SKILLS AND EXPERIENCES**

SCHOOL	NAME/LOCATION	EDUCATION MAJOR	GRADUATE (Y/N)	DEGREE (Y/N)
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical	_____	_____	_____	_____
Other	_____	_____	_____	_____

**OTHER INTEREST**

Hobbies: \_\_\_\_\_  
 Interest: \_\_\_\_\_

**WORK EXPERIENCE**

EMPLOYER NAME/ADDRESS	DATES OF EMPLOYMENT
_____	_____
CONTACT PERSON PHONE	YOUR TITLE
_____	_____

**ADDITIONAL INFORMATION NEEDED**

Have you ever been convicted of a criminal offense?  YES  NO  
 Have you ever been convicted of child abuse or neglect or is there a pending criminal charge against you for child abuse or neglect?  YES  NO  
 Do you have a valid Drivers License?  YES  NO  
 Can you drive?  YES  NO

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Are there any other facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?       YES     NO

(Please use a separate sheet of paper to explain any “yes responses.”)

### Agreement/Authorization

I certify that all of the answers on this application and any attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information.

I agree that in the course of considering my application, you inquire to verify information considering my background. I specifically authorize you to investigate all statements in this application. I authorize Boys & Girls Clubs of Central Iowa (BGCCI) to contact my employer listed above to give you any and all information concerning my employment, and fitness to work with children and young people. I further agree to release and hold harmless (BGCCI) and my employer listed above and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### VOLUNTEER CONTRACT

On the terms of volunteer service:

The Boys and Girls Club of Central Iowa (BGCCI) agrees to:

1. Provide a written job description.
2. Provide all necessary orientation, training and supervision for the volunteer position.
3. Provide continuing education, conferences and workshops for volunteers enabling them to exchange ideas, suggestions and recommendations when possible.
4. Change the volunteer assignment or add new duties only through agreement between the volunteer and his/her supervisor.
5. Offer volunteer opportunities for more responsible volunteer jobs with the Club’s program when appropriate and available.

The Volunteer \_\_\_\_\_ agrees to:

1. Complete volunteer orientation.
2. Give prior notice if volunteer work is to be terminated or interrupted for an extended period of time.
3. Protect confidential information and exercise good judgment when acting on the agency’s behalf.
4. Maintain a non-judgmental attitude with clients.
5. Accept supervision with a willingness to learn and ask about matters not understood.

#### Signed:

_____	_____
Volunteer	Date
_____	_____
BGCCI Volunteer Services	Date
_____	_____
BGCCI Staff	Date

# Sex Offender Registry – Request for Registry Information

Pursuant to 692A.13, Subsection 3., Code of Iowa, this written request is for information on the person with the following name and one or more of the following identifiers – address, date of birth, or Social Security Number:

Registrant's Last Name	First	Middle
Registrant's Address Apt.		
City	State	Zip
Date of Birth	Social Security Number	

## Person Requesting Registry Information:

Boys & Girls Clubs of Central Iowa

Requester's Last Name	First	Middle
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1350 E. Washington Avenue Des Moines, IA 50316

Requester's Address Apt.
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Signature of Requester	Signature of Agency Official
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Date Time	Agency	Date
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## Results of This Request:

Not registered at this date and time.

Registered – information provided to requester.

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

NUMBER \_\_\_\_\_ ACCOUNT \_\_\_\_\_

**TO: Iowa Division of Criminal  
Investigation  
Bureau of Identification  
Wallace State Office Building  
Des Moines, Iowa 50319  
(515) 281-5138  
(515) 242-6876 (fax)**

**FROM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone #** \_\_\_\_\_  
**Fax #** \_\_\_\_\_

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

**REQUEST**

\_\_\_\_\_  
**Last Name**  
(mandatory)

\_\_\_\_\_  
**First Name**  
(mandatory)

\_\_\_\_\_  
**Middle Name**  
(recommended)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date of Birth**  
(mandatory)

\_\_\_\_\_  
**Sex**  
(mandatory)

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
**Social Security Number**  
(recommended)

**X**

\_\_\_\_\_  
**Signature of Requester**

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:

**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**

\_\_\_\_\_  
**Date**

## **WAIVER:**

Iowa law does **not** require a waiver. However, without a waiver any arrest over 18 months old, **without** a disposition, cannot be given to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be given out to non-law enforcement agencies without a signed waiver.

## **General Information:**

The information requested is based on **name** and **exact date of birth only**. Without fingerprints, a **positive** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal working hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history check is of the Iowa Central Repository only. No other state or federal agency records can be searched under current law.

In Iowa, a **deferred judgment** ***is not*** considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A **deferred sentence** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515)281-5138 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

If the "No CCH record found" box is checked, it could also mean that information in the file is not releasable per Iowa law without a waiver.

**REMINDER** - (1) Send in a separate form for each last name (2) \$13 for each surname, (3) Attach a billing form with request(s), and, (4) submit a self-addressed envelope. Iowa law requires employers to pay the fee for potential employees' record checks.

**AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION**

This form must be used to authorize release of child 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 about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 1305 E Walnut Street, Fifth Floor, Des Moines, Iowa 50319-0114.

<b>PART A: To be completed by the person requesting information.</b>				
1.	Requester			
	Address			
	City	State	Zip Code	Phone Number ( )
2.	The information concerns:			
	Name (first, middle initial, last)			
	Maiden Name or Alias (if applicable)		Birth Date	Social Security Number
	Address			
	City	State	Zip Code	County
3.	What is the purpose of your request for child abuse information?			
4.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Signature			Date
<b>PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.</b>				
I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.				
Signature			Date	
<b>PART C: To be completed by the Central Abuse Registry or designee.</b>				
1.	<input type="checkbox"/> The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.			
2.	<input type="checkbox"/> The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.			
3.	<input type="checkbox"/> This request for information is denied because the form is incomplete.			
Signature			Date	
Comments				

**LEGAL PROVISIONS FOR THE HANDLING OF 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 this information. However, 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 the 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 Registry within 30 days of the redissemination.

**Criminal Penalties (Iowa Code 235A.21)**

- ◆ Any person is guilty of a criminal offense when the person:
  - Willfully requests, obtains, or seeks to obtain child abuse information under false pretense.
  - 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.
  - 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 by both fine and imprisonment.
- ◆ Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 and 235A.17 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.
- ◆ 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 the person might otherwise have to child abuse information.