



Volunteer Application

Domestic Violence Intervention Program



Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

DOB: _____

Email: _____

Social Security #: _____

I check my email: Daily Weekly Rarely



How did you hear about us:

Friend Newspaper Television Brochure or Pamphlet

Radio Speaker Flyer Other: _____



Please record your recent employment and/or volunteer experience:

| Employer | Position | Dates | Phone |
|----------|----------|-------|-------|
| | | | |
| | | | |
| | | | |



1) Share briefly your understanding of domestic violence:



2) What are your reasons for wanting to volunteer with DVIP?



3) If your volunteer service will fulfill a class requirement please list the class name, goal of your service and how many hours you must complete.



4) If you are volunteering to fulfill a community service requirement, please state your offense and the number of hours you must complete:

Have you ever been arrested? No Yes

Please explain:

Have you been suspected or convicted of child abuse? No Yes

Please explain:

Please check the areas you have interest in:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Crisis Line Calls | <input type="checkbox"/> Events Planning | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Peer Counseling | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Furniture Project | <input type="checkbox"/> Legal Advocacy | <input type="checkbox"/> Community Advocacy | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Interpretation/ Translation | <input type="checkbox"/> Other: |

Please check the areas you have experience in:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Victim Services | <input type="checkbox"/> Counseling | <input type="checkbox"/> Events Planning |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Youth Services | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Building Repair and Maintenance | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing | |

Signature

Date

Enclosed with this application are two Reference Information forms and background verification forms for criminal and child abuse records. Please forward the two Reference Information forms to your current/former employers or volunteer placement supervisors. Your references should complete those forms and return them to DVIP at the address or fax number listed below (the form includes these directions). You must complete and return the background verification forms for criminal and child abuse records, along with this application, to the address listed below.



Thank you for taking the time to complete this application.
Please return it to:

DVIP
Attn. Volunteer Coordinator
P.O. Box 3170
Iowa City, Iowa 52244

Phone: 319-351-1042 or 1-800-373-1043
Fax: 319-466-4624



Background References

Domestic Violence Intervention Program



You have been listed as a reference for _____, who has applied to volunteer for the Domestic Violence Intervention Program (DVIP). Your honest and candid answers will be greatly appreciated. All information will be kept strictly confidential. Please complete the following questionnaire at your earliest convenience:



In what capacity and how long have you known the applicant?



What are the applicant's strongest qualities or skills?



Because DVIP is a crisis shelter, we often deal with sensitive, confidential issues. Have you observed the applicant dealing with sensitive issues? Have you observed the applicant in reference to confidential communications?



Have you ever observed the applicant responding to a crisis situation? If not, how do you think the applicant would react?



Have you ever observed the applicant working with children? Please describe appropriate skills the applicant has for working with children. What skills does the applicant need to develop in this area?



Would you say that the applicant is dependable?

What level of self-initiative and self-direction does the applicant possess?

Are you aware of any past criminal convictions?

Do you have any reservations about recommending this applicant? If so, what are they?
Reservations will not necessarily disqualify the applicant from becoming a volunteer with DVIP but will help the DVIP staff find appropriate volunteer activities based on the applicant's strengths and weaknesses.

On a scale of 1-5, with 1 being a low recommendation and 5 being a high recommendation, how would you rate this volunteer applicant?

Signature

Date



Thank you for your time and input. If you have questions about this form, please call the Volunteer Coordinator at (319)351-1042. Please mail or fax this form to:

Domestic Violence Intervention Program
Attn. Volunteer Coordinator
P.O. Box 3170
Iowa City, IA. 52244
Fax: (319) 466-4624

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, 401 SW 7th Street, Suite G, Des Moines, Iowa 50309-3574.

PART A: To be completed by the person requesting information.

| | | | | |
|----|--|-------|------------|------------------------|
| 1. | Requester | | | |
| | Address | | | |
| | City | State | Zip Code | Phone Number () |
| | 2. The information concerns: | | | |
| 2. | 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 |

PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.

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 |
|-----------|------|

PART C: To be completed by the Central Abuse Registry or designee.

1. The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.
2. The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.
3. 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.



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: Dept. of Human Services
(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: Domestic Violence Intervention Program
P.O. Box 3170
Iowa City, Iowa 52244
Phone: 319-351-1043
Fax: 319-466-4624

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 _____ | |

Waiver Information:

Iowa law does ***not*** require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a 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 business 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 record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

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) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.