



Iowa Veterans Home  
Volunteer Services  
1301 Summit Street  
Marshalltown, IA 50158  
641-753-4406 or 641-753-4405

**VOLUNTEER APPLICATION**

NAME:

ORGANIZATION:

ADDRESS:

HOME PHONE:

WORK PHONE:

E-MAIL:

CELLPHONE:

**In case of emergency, who may we call?**

NAME

PHONE

REFERENCES: List three non-family members who know you well (neighbor, friend, coworker, etc.)

Name	Email (or home address)	Phone No.

Please check all that apply: student      employed      retired      not currently working

High School Diploma: yes or no      If no, last grade completed

College/additional education

Work experience

How did you hear about our Volunteer opportunity? (please check),      Radio      online

from a current volunteer      from a current employee      other

Please read the back of this application before signing. The Iowa Veterans Home will consider this application without regard to race, color, national origin, sex, religion, age, creed, physical or mental disability, or political belief.

Some facts you should know as you apply to become an NH volunteer:

- **Medical Insurance.**

The state does not have medical coverage for volunteers. If you do not have your own medical insurance and you still wish to volunteer, it is recommended that you obtain insurance.

- **Liability.**

If a volunteer is sued for an incident occurring while volunteering, under Iowa Code Chapter 25A, the state will defend and indemnify that volunteer (i.e. the state will provide an attorney and pay any money awarded by the court), except if the volunteer is found to be in willful and wanton neglect.

- **Confidentiality.**

The records and information to which IVH volunteers have access to are confidential and are protected by law. If you become an IVH volunteer, you must not discuss any confidential information, including but not limited to any descriptions of situations as well as names of residents with whom you work. Even when you are no longer a volunteer for the facility, the information you learned as a volunteer must continue to be kept confidential.

If you accept a volunteer position with the IVH, your signature indicates that you promise to share pertinent and confidential information only in the context of a work situation and only with appropriate IVH personnel.

Breach of this confidence is a violation of the criminal law and reason for immediate termination. Such a breach may lead both to a criminal prosecution against you and to a civil damage action in which you would not have the protection of the provisions of Chapter 25A.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Volunteers under 18 years of age require a parent/guardian signature - by signing below you are giving permission for the child listed above to do volunteer work for the Iowa Veterans Home.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

## REQUESTOR INFORMATION

Name (business or individual)

Mailing address (street/PO Box, city, state, zip code)

Phone number

Fax number

Email address

I would like the results sent to me by:  Mail  Fax  Email

I am required to have the results notarized: Yes  No  "for specific requirements in another country only.

## SUBJECT OF REQUEST INFORMATION. Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release 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 signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: 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. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

## FOR DCI USE ONLY

As of  a search of the information provided revealed:

NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

By completing these forms online, your request will be automatically sent to DCI for processing after clicking "Submit".

**PLEASE NOTE:** When submitting a request online - do not submit the same request by mail, fax or email. If so, it will be treated as a new request requiring payment.



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.

Abuse Registry being requested: Child Abuse Dependent Adult Abuse Both

Please specify your preferred method of response: Address Fax Email

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

Form section 1 containing fields for Last Name (Nichols), First Name (Stacey), Agency Name (Iowa Veterans Home), Telephone Number (641-753-4400), Address (1301 Summit St.), City (Marshalltown), State (IA), Zip Code (50158), Email (stacev.nichols@ivh.state.ia.us), and a signature line.

Section 2: To be completed by person authorizing HHS to release their abuse information.

Form section 2 containing fields for Name (last, first, middle), Birth Date, Social Security Number, Address, City, County, State, Zip Code, a signature line, and a date field.

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

Form section 3 containing a large empty box and a signature line for the Registry Staff or Designee.