



VOLUNTEER APPLICATION

– For Adult Applicants Age 16 and Over –

Thank you for your interest in volunteering at ChildServe!

If you are age 16 and older and interested in volunteering at ChildServe, please complete and submit the forms provided in this document. If you are under age 16, please visit our website, www.childserve.org, to download the application packet for Youth Volunteers Under Age 16. You can also request a packet by contacting ChildServe's Volunteer Coordinator at 515.331.8139.

This application packet includes:

ChildServe Volunteer Application

- Complete the 2-page form provided.

Reference Letter Forms (2)

- Please provide references from **TWO** people who know you well but are not related to you.
- Please return **completed** forms to Volunteer Services with your application.

Iowa Healthcare Facility Record Check Form C

- This background check is required by the State of Iowa for applicants age 16 and older.
- Complete **ONLY THE HIGHLIGHTED FIELDS**.

Background Check Release for Out of State Residency

- This background check is required for all adults who have lived outside the state of Iowa during the past seven years.
- If you have not lived outside the state of Iowa during the past seven years, leave this form blank.

Mail, Email or fax completed forms to:

EMAIL: kaylens@childserve.org

MAIL: Kaylene Steele
Volunteer Coordinator
5406 Merle Hay Road
P.O. Box 707
Johnston, IA 50131

FAX: ATTN: Kaylene Steele
Volunteer Coordinator
515-276-0140

NOTE: You may download and save these forms to your computer by clicking **File** on your menu bar and then, **Save As**.

These forms are interactive and may be filled out by typing in the highlighted areas, or you may print them and fill them in by hand.

QUESTIONS? If you have any questions, please call or e-mail Kaylene Steele at 515-331-8139 or kaylens@childserve.org



VOLUNTEER APPLICATION

(16 and Older)

Date: _____ What or whom attracted you to ChildServe? _____

Personal Information:

Name: _____ Phone #: _____ Date of Birth: _____
Month / Day

Address: _____ City: _____ Zip Code: _____

Email Address: _____

Education (circle highest completed): *Grade School: K 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 Graduate: 1 2 3 4*

Please Tell Us About Yourself:

Your experience with children with disabilities: _____

Your experience as a volunteer: _____

Your hobbies, interests, and/or special training: _____

Do you have a record of founded child or dependent adult abuse? Yes No

Have you ever been found or plead guilty to a delinquent act or crime? Yes No

If you have answered yes to any of the previous two questions, you are not eligible to volunteer at ChildServe.

Emergency Information:

In an emergency, notify: Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____

Physician's Name: _____ Phone #: _____ Hospital Preference: _____

Volunteer Opportunities: (please check those that interest you)

- Service Volunteer** (Reading, Rocking, Walking, Musical, Arts/Crafts)
- Administrative Volunteer** (Filing/Copy/Assembling Packets, Welcome Center)
- Professional Volunteer** (Landscaping, Fundraising, Committees)
- Specialist Volunteer** (Sewing, Woodworking)
- Special Events Volunteer** (Run 4 the Kids, Kids Week)

Availability for Volunteer Services: (please write your available hours in the appropriate box)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8-12pm							
Afternoon 12-5pm							
Evening 5-8pm							

Applicant's Statement:

By signing below, I certify that the information on the front of this form is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts could be cause for immediate dismissal. I authorize this facility to investigate all statements contained in this application for volunteer services, as well as my character and qualifications. I authorize this facility to contact any of my references for full information. I authorize my past and present employer, volunteer organizations and others with information regarding my work, volunteering, or my character, to provide ChildServe, Inc. with all information requested and to cooperate fully with the inquiry of my character and qualifications. I also release those employers, references, and others from all liability for providing information in good faith and without malice. I understand that the facility will conduct a child abuse/criminal record check on my background. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Waiver to Participate/Medical Release:

In consideration of your acceptance of my participation, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may now or hereafter have against individuals associated with this program and event(s), their agencies, representatives, successors and assigns, for any and all injuries suffered by me in said program event(s). I certify that: I have full knowledge of any risks involved; I'm physically fit and satisfactorily trained to participate; and I have no medical or physical conditions that prevent my participation. Further, if either me or my child sustains an injury or becomes ill while on the premises of, or while engaged in an activity associated with, ChildServe, Inc., I do hereby give my permission and/or consent to the personnel of ChildServe, Inc. to secure and authorize such emergency medical, dental, and/or other treatment as either me or my child might require.

I have read and understand the information contained on this form.

Applicant's Signature: _____ Date: _____

(16 and 17 Only)

Parent/Guardian's Signature: _____ Date: _____

Applicant's Name: _____

**Please complete the name, address, and phone number of an individual you wish to be your personal reference.
Please return completed form to Volunteer Services with your application.**

Reference's Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Questions for Reference:

How long have you known the applicant? _____

In what capacity? _____

Does he/she get along well with others? Explain: _____

Does the applicant possess patience? Explain: _____

What type of personality does the applicant have? Explain: _____

Does the applicant enjoy working with children? Explain: _____

Is the applicant dependable? Explain: _____

Additional comments: _____

Reference's Signature:

Signature: _____ Relationship to Applicant: _____ Date: _____

Applicant's Name: _____

**Please complete the name, address, and phone number of an individual you wish to be your personal reference.
Please return completed form to Volunteer Services with your application.**

Reference's Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Questions for Reference:

How long have you known the applicant? _____

In what capacity? _____

Does he/she get along well with others? Explain: _____

Does the applicant possess patience? Explain: _____

What type of personality does the applicant have? Explain: _____

Does the applicant enjoy working with children? Explain: _____

Is the applicant dependable? Explain: _____

Additional comments: _____

Reference's Signature:

Signature: _____ Relationship to Applicant: _____ Date: _____

IOWA HEALTH CARE FACILITY (135C) RECORD CHECK – Form C



ACCOUNT NUMBER: _____

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/Print Legibly)

REQUEST

LAST NAME
(mandatory)

FIRST NAME
(mandatory)

MIDDLE NAME
(recommended)

DATE OF BIRTH
(mandatory)

SEX
(mandatory)

SOCIAL SECURITY NUMBER
(mandatory)

SIGNATURE OF REQUESTER

There is a separate Form "C" 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

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.

Signature

Date

IF YOU HAVE LIVED OUTSIDE THE STATE OF IOWA WITHIN THE LAST SEVEN YEARS, PLEASE FILL OUT THE FOLLOWING FORM.



Authority to Release Information (Out of State Only)

I understand that in processing my application with ChildServe, an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, credit history, motor vehicle records, personal references, and other job related data provided on this application, or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A consumer report may be generated summarizing this information.

I further understand and waive my right of privacy in this investigation and release and hold harmless ChildServe and its agent Verified Credentials, Inc. from any liability.

I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by directing a written request to Verified Credentials, Incorporated. I may also obtain a copy of this report by checking the "YES" box at the bottom of this disclosure.

I agree that any decision allowing me to volunteer is contingent upon the results of my report, and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are found to be false or that if information has been omitted, this will be cause for disqualification and immediate termination of my volunteer status.

Would you like a copy of your report? Yes No

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES USED

DATE OF CHANGE

STREET ADDRESS

CITY

STATE

ZIP CODE

Please list the cities and states you have lived in, if the above address does not encompass 7 years:

The following information is required to complete your background check:

SOCIAL SECURITY NUMBER

DATE OF BIRTH

I understand that a photocopy of this authorization would be accepted with the same authority as the original.

SIGNATURE

DATE