

MICA staff contact information:

Mid-Iowa Community Action, Inc. (MICA)
Volunteer Registration

Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Phone # _____ Email address _____

Emergency contact name _____ Phone # _____

Have you volunteered before? _____ If yes, for which organization? _____

How often would you like to volunteer?

☐ Occasionally - less than 24 hours a month

☐ Regularly - more than 24 hours a month

☐ Service Learner - limited volunteer experience to fulfill a classroom requirement

Number of hours needed to fulfill class requirement _ _____ hours by ____/____/20

Please indicate which MICA location you would like to volunteer at and which role(s) are of interest

Do you have any limitations that should be considered in assigning you a volunteer role?

Have you previously been employed or volunteered with MICA before? ☐ Yes ☐ No

Why do you want to serve as a volunteer with MICA?

When are you available?

How did you hear of our volunteer opportunities? _____

Do you have family members working at MICA or on the Board of Directors? ☐ Yes ☐ No

I verify that I have completed this form on my own behalf and agree to obtain additional training or screening requirements that may be required for volunteer positions.

Volunteer Signature _____

Date _____

Return Volunteer Registration by mail to:

MICA

1001 South 18th Ave.

Marshalltown, Iowa 50158

or by fax to (641)752-9724

Volunteer Registration

ECP/Family Development Volunteers Only

Occasional Volunteer (Volunteers working less than 24 hours a month)	Regular Volunteer (Volunteers working more than 24 hours a month and volunteer in ratio)
Non conviction statement 1. I do ___ do not ___ have a conviction of any law in any state 2. I do ___ do not ___ have a conviction of or any record of founded child abuse, neglect, or dependent abuse in any state.	Non conviction statement 1. I do ___ do not ___ have a conviction of any law in any state. 2. I do ___ do not ___ have a conviction of or any record of founded child abuse, neglect, or dependent abuse in any state.
Communicable disease statement I do ___ do not ___ have any communicable diseases or other health concerns which pose a threat to the health, safety, or well-being of the children or families served by MICA.	Communicable disease statement I do ___ do not ___ have any communicable diseases or other health concerns which pose a threat to the health, safety, or well-being of the children or families served by MICA.
XXX	Physical/TDap Vaccination Prior to start date, classroom volunteers must obtain a physical and volunteers in an infant room must obtain TDap vaccination. If not a classroom volunteer this is N/A.
XXX	Child Abuse Reporting Responsibilities I understand if I suspect a child has been abused I need to immediately notify my volunteer supervisor. If my volunteer supervisor or another MICA staff member is not available I may need to contact the Department of Human Services to make a report as a "permissive reporter". If I need further information about child abuse reporting I can access the following website: http://www.dhs.state.ia.us or to make a report I may call 1-800-362-2178. I understand that additional training may be required. ____

I declare the above statements to be true and to meet additional training or screening requirements for my volunteer position.

Signature of Volunteer

Date

Mid-Iowa Community Action, Inc.

1001 S. 18TH AVENUE • MARSHALLTOWN, IOWA • 50158

PHONE: (641)752-7162 • FAX: 641-752-9724

Confidentiality Statement

I understand during the course of my volunteer experience at MICA, I may become aware of confidential information regarding participants in MICA's programs or employees. MICA is committed to protecting the privacy of participants and employees, and volunteers are expected to do the same. ☐ I agree__ (initial)

MICA Media Release Permissions

Photographs and video footage

- ☐ Yes, I give permission to use photographs or video footage of myself in promotional agency materials.
☐ No, MICA may not use photographs or video footage of myself in promotional agency materials.

Use of first and last name

- ☐ Yes, I give MICA permission to publish or broadcast my first and last name and my accounts about volunteering in promotional materials.
☐ No, MICA may not identify me by first and last name in promotional materials

Signature of Applicant

Date

Printed Name of Applicant



Mid-Iowa Community Action, Inc.

1001 S. 18TH AVENUE • MARSHALLTOWN, IOWA • 50158
PHONE: (641)752-7162 • FAX: 641-752-9724

VOLUNTEER CONSENT TO BACKGROUND CHECK

I understand that, as a condition of consideration as a volunteer with Mid-Iowa Community Action, Inc. (MICA), Mid-Iowa Community Action, Inc. may obtain background records that include, but are not limited to national, state and local records regarding social security verification, criminal and civil charges and penalties, Department of Motor Vehicle records, sex offender registries, child abuse registries, Division(s) of Criminal Investigation (DCI), and any other public records.

I hereby authorize Mid-Iowa Community Action, Inc.'s procurement of such reports for volunteer purposes. I understand that this authorization shall remain on file and shall serve as an ongoing authorization for Mid-Iowa Community Action, Inc. to procure background checks at any time during my volunteering period.

I understand any criminal history data concerning me that is maintained by any third party provider may be released as allowed by law.

Signature of Applicant

Date

Printed Name of Applicant



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: DCI-103
(if applicable)

Mail or Fax completed forms 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

Send results to:

Name Dan Garcia
Address 1001 S. 18th Ave
Marshalltown, IA 50158
Phone 641-752-7162
Fax 641-753-1048

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)
	☐ Male ☐ Female	

Release Authorization: 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.

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.

Release Authorization Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- ☐ No Iowa Criminal History Record found with DCI
- ☐ Iowa Criminal History Record attached, DCI # _____

DCI initials _____

Release Authorization Information:

Iowa law does **not** require a release authorization. However, without a signed release authorization 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 release authorization 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 signed release authorization.

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*** generally 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 4:00 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.