

CITY OF DES MOINES PARKS AND RECREATION
VOLUNTEER APPLICATION



VOLUNTEER INFORMATION

NAME First: _____ Middle: _____ Last: _____ Email: _____
 Cell Phone: _____ Work Phone: _____ Home Phone: _____
 Address: _____ City: _____ Zip: _____
 Employer (if applicable): _____
 Neighborhood Association (if applicable): _____ Date of Birth (if minor): _____
 Parent/Guardian (if under 18): _____ Parent/Guardian Contact: _____
 If you have not resided in Iowa for the past five years, list all addresses and dates during this time (used to request the most accurate criminal history check, if applicable): _____

- List any other names used: _____
- Dates when used: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Relation (e.g., mother, friend): _____

KNOWLEDGE/SKILLS/ABILITIES

Please check areas of interest or tell us of areas of expertise that you may have.

<input type="checkbox"/> Arts _____	<input type="checkbox"/> Historian
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Invasive Plant Removal
<input type="checkbox"/> Coach/Instructor	<input type="checkbox"/> Language _____
<input type="checkbox"/> Computer - basic skills	<input type="checkbox"/> Litter Removal/Clean-Up
<input type="checkbox"/> Environmental Education	<input type="checkbox"/> Maintenance/Repair
<input type="checkbox"/> Gardening	<input type="checkbox"/> Outdoor Recreation
<input type="checkbox"/> General office skills	<input type="checkbox"/> Photography
<input type="checkbox"/> GIS/GPS	<input type="checkbox"/> Public Relations/Outreach
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Trail Steward
<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Wildlife Monitoring
<input type="checkbox"/> Habitat Steward (Prairie/Savanna)	<input type="checkbox"/> Other: _____

*Special Event/ Program Interests
 (check/highlight all applicable)*

<input type="checkbox"/> Father-Daughter Dance
<input type="checkbox"/> Transplanting in the Tropics (Greenhouse)
<input type="checkbox"/> Mayor's Annual Ride
<input type="checkbox"/> Earth Day Trash Bash
<input type="checkbox"/> Community Center Children's Parties (Easter, Halloween, Winter)
<input type="checkbox"/> River Run Garbage Grab

VOLUNTEER APPLICATION STATEMENT

- I understand that as a volunteer with the City of Des Moines Parks and Recreation Department the knowledge I gain regarding the performance, behavior and personal information of the Vulnerable Populations (children, elderly persons and persons with disabilities), staff and citizens with whom I work is confidential and I agree to respect such confidentiality.
- I understand that if a child tells me something or I notice something that may indicate his/her safety is at risk or he/she is in emotional distress, I will report that information to the appropriate staff member as soon as possible.
- I understand that any contact with children, volunteers or staff beyond the boundaries of the specific volunteer activity is discouraged, is not a part of City of Des Moines Parks and Recreation programming, and will not be protected in terms of liability. This includes communication with social media.
- I understand that the City of Des Moines Parks and Recreation does not discriminate on the basis of race, color, national origin, gender, disability, religion, creed, age, familial status, sexual orientation, gender identity and ancestry in its programs and its employment practices.

VOLUNTEER APPLICATION STATEMENT (continued)

- I understand that submitting this information does not guarantee my acceptance as a volunteer, and that assignment of volunteer work is based on the assessments made by the volunteer coordinator, Director, and their staff.
- I understand that if I have misrepresented any information and/or fail to adhere to volunteer guidelines, I may have my application approval withdrawn.
- I assume full responsibility for my actions and authorize the staff at the site I am volunteering to act on my behalf in the event of an emergency.
- I understand that the City reserves the right to complete a background/criminal check at any time. If fingerprints are required, I agree to be responsible for the cost of fingerprinting.
- I understand that I am responsible for informing the Park and Recreation Department of any changes to the above information and not doing so will be grounds to terminate my role as a volunteer.

I hereby certify that all statements made and information submitted applicable to volunteering with the City of Des Moines, Iowa are true and contain no misrepresentations.

Applicant Name: First: _____ Last: _____

Applicant Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____
(if Applicant is under 18 years of age)

CITY OF DES MOINES PARKS AND RECREATION
VOLUNTEER APPLICATION DISCLOSURE



VOLUNTEER APPLICANT DISCLOSURES REQUIRED FOR UNSUPERVISED POSITIONS AND THOSE INVOLVING VULNERABLE POPULATIONS, SPECIAL EVENTS WITH WEAPONS/MONEY PRESENT, AND DRIVING CITY VEHICLES/EQUIPMENT

APPLICANT DISCLOSURES:

Please Note: The term "convicted" includes a conviction following a trial, a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or a delinquency as a minor or adult. A conviction will not necessarily disqualify an applicant from volunteering. If you fail to report a conviction, you may be ineligible for volunteering regardless of the nature or seriousness of the crime and regardless of the date of the conviction.

Have you ever been cited/fined/arrested for, charged with, or convicted of a criminal offense other than minor traffic violations? Yes No

If so, please explain, giving dates:

Have you ever been listed on any sex offender registry? Yes No

Have you ever been named in a founded case of child abuse or is there a current child abuse case pending against you? Yes No

Has your driver's license ever been suspended or revoked for any reason? Yes No

If you are applying for a position that requires driving a vehicle or equipment (golf cart, Gator, etc), you will be required to provide a copy of your valid driver's license. Additionally, please complete the following sections:

Do you have a clean driving record for the past 3 years? Yes No

Number of OWI (Operating While Intoxicated) related revocations within the past 10 years? _____

Number of traffic convictions and guilty pleas within the past 10 years other than parking violations? _____

Number of accidents you were at fault with in the past 10 years? _____

Any pending traffic citations, OWIs or accident claims? Yes No

If so, please explain, giving dates:

Please give any further explanation for the driving/traffic statements above.

APPLICANT DISCLOSURES (continued)

I hereby certify that all statements made and information submitted applicable to volunteering with the City of Des Moines, Iowa are true and contain no misrepresentations.

I am aware that all statements I have made and/or information I have submitted are subject to investigation and verification including a criminal background check.

I understand that any withholding of information or misrepresentation of any statements I have made and/or information I have submitted could result in disqualification, or termination of volunteer service.

I understand that I am responsible for informing the City of Des Moines of any changes to the information above and that failure to do so will be grounds to terminate my role as a volunteer.

I understand any offer of City of Des Moines volunteer positions is conditional upon satisfactory background checks, which include criminal, sex offender, and if applicable, driving record; or any other that are deemed necessary by the City.

I understand that the City reserves the right to complete a background/criminal check at any time. If fingerprints are required, I agree to be responsible for the cost of fingerprinting.

I hereby certify that all statements made and information submitted applicable to volunteering with the City of Des Moines, Iowa are true and contain no misrepresentations to the best of my knowledge.

I understand a record of arrest or conviction does not necessarily prohibit me from volunteering and depends on the nature of the offense, the type of service performing, and how much time has passed since the arrest or conviction. Expungement of a conviction record or a deferred judgment does not eliminate the need to disclose those details on this form. This information will be held in confidence, subject to Iowa Code Chapter 22, used only to evaluate applications, and only to the extent permitted by applicable law.

I hereby consent to the City of Des Moines to request information pertaining to my criminal history. I authorize the investigation of all statements contained herein.

Applicant Name: First: _____ Last: _____

Applicant Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____
(if Applicant is under 18 years of age)

CITY OF DES MOINES PARKS AND RECREATION
**VOLUNTEER RELEASE AND WAIVER OF LIABILITY AND
ASSUMPTION OF RISK AGREEMENT AND PHOTO RELEASE**



Volunteer Project/Site (if applicable): _____

In consideration of my, or my minor child, being permitted to participate in any way in the above named Volunteer Program, I, the Undersigned, for myself and my minor child, all of my or my minor child's, personal representatives, executors, administrators, heirs, next of kin, successors and assigns, herein referred to as "Releasors", do hereby:

1. Acknowledge that this volunteer service carries with it the potential for serious injury, death and/or property damage, and certify as to my physical fitness and that of my minor child to participate and declare that neither I, nor my minor child, have been advised otherwise by a qualified medical professional.

2. Acknowledge, agree, and represent that I and my minor child will, at all times, be aware of the surroundings during the volunteer service and agree that if I or my minor child consider anything related to this Activity to be unsafe, will immediately advise the Activity officials of such, and if necessary, will leave the area or refuse to participate further in the volunteer service.

3. Waive, release and discharge, and covenant not to sue, the City of Des Moines, Iowa, its elected and appointed officials, employees, volunteers, sponsors, and agents, including others who give recommendations, directions, or instructions as part of this volunteer service, hereinafter referred to as "City", from any and all liability to Releasors, except for my minor child, for any and all loss or damage, and any claim or demands therefor, on account of injury to the person or property or resulting in my death or that of my minor child arising out of or related to the volunteer service, including traveling to or from the volunteer service.

4. Agree to Indemnify and Save and Hold Harmless the City and each of them from any loss, liability, damage, or cost that they may incur arising out of or related to my or my minor child's participation in this volunteer service.

5. Assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the volunteer service. I agree to comply with all applicable safety rules, including wearing protective clothing, close-toed shoes/boots, safety goggles, gloves, and vest while performing my volunteer activities.

6. Agree that this Release and Waiver of Liability and Assumption of Risk Agreement and Photo Release extends to all acts of negligence by the City, not including gross negligence and willful misconduct, and is intended to be as broad and inclusive as is permitted by law including any governmental immunity afforded the City by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. Authorize any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries received or illness contracted by me or my minor child as a participant in this volunteer service. I hereby agree to pay all costs of any medical treatment or emergency transportation.

8. Authorize and consent to the City, its sponsors, and any news media, and their successors and assigns and those acting under their authority, to take, publish, use in any media, and copyright photographs, videotape or other and audio or visual media, including broadcast in any media, of me or my minor child and agree that such may be used for any lawful purpose without further compensation or approval.

I have read this Release and Waiver and Assumption of Risk Agreement and Photo Release, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it voluntarily without assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the fullest extent permitted by law, including all acts of negligence by the City as stated above. I agree that this Agreement and Photo Release will be IN EFFECT for 5 YEARS from the date of my signature, unless otherwise terminated by me in writing delivered to the City.

Volunteer Name: First: _____ Last: _____

Volunteer Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

If Participant is a Minor (UNDER AGE 18):

Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____ Date: _____

** For Office Use Only _____

Service Termination Date: _____

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. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry
 Dependent Adult Abuse Registry
 Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address
 Fax
 Email

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

Requester: Last	First	Agency Name	Telephone Number
Address			Fax Number
City	State	Zip Code	Email

List the name and address of the person whose information is being requested:

Last Name	First Name	Middle Name	Birth Date	Social Security Number
Address		City	County	State Zip Code

List maiden name, previous married names, and any alias:

What is the purpose of your request for child or dependent adult abuse information?

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requestor	Date:
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Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date:
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Section 3: To be completed by the Central Abuse Registry or designee.

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
 The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
 The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
 The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
 This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date:
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Comments

LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that 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 such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- 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 Central Abuse Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.



STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number: _____
(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: _____

Phone: _____
Fax: _____

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="radio"/> Male <input type="radio"/> 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: _____

<h2 style="margin: 0;"><u>Iowa Criminal History Record Check Results</u></h2> <p>As of _____, a search of the provided name and date of birth revealed:</p> <p><input type="checkbox"/> No Iowa Criminal History Record found with DCI</p> <p><input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____</p> <p style="text-align: center;">DCI initials _____</p>	<p><i>(DCI use only)</i></p>
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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 4:00 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.