IOWA DEPARTMENT OF CORRECTIONS COMMUNITY-BASED CORRECTIONS
VOLUNTEER APPLICATION

APPLICANT'S INFORMATION (Please Print):

Use complete names; do not use initials or nicknames. Provide any former names you have used, including maiden or married names. (Please use additional sheets as necessary – signing and dating each sheet)

First Name:	
Middle Name:	
Last Name:	
Previous Names:	
Current Street Address:	
Current City/State/Zip Code:	
Date of Birth:	
SSN #:	
Telephone #:	☐ Cell Phone: #_____ ☐ Landline: #_____
Email Address:	
Driver's License (DL):	Valid DL: ☐ Yes ☐ No If Yes: DL #:_____ State: _____ If No: ID #:_____ State: _____
Organization for which you are volunteering on behalf:	
Organization contact person name and email/phone number:	

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Background and Association Screener

Locations and dates of each residence for the last two years:

City	County	State	Dates at Location (MM/YYYY to MM/YYYY)

Identify all current or former: (Family Members, Friends, Neighbors, Co-Workers, and Classmates), anyone you know that is, or was incarcerated, and/or supervised, by a Federal, State, or County Correctional agency.

Person's Name (First Name; Last Name)	Relationship to person	Agency Incarceration or Supervision	Last Contact Date (MM/DD/YYYY)

Identify all current or previous employment with a Federal, State, local prison, jail, lockup, Community Confinement Facility, or Juvenile Facility, or other Institutions/Facilities.

Dates (MM/YYYY to MM/YYYY)	Facility	Location	Reason for Leaving	Contact Person and Number

Criminal Background Check

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Identify all Felony and Misdemeanor convictions, Deferred Judgments and any pending charges that may be disclosed by the National Crime Information Center (NCIC) or other criminal records agencies.

Prior Deferred Judgment: ☐ No ☐ Yes (If yes – please list below):

Date Charge(s) Filed:	
Date of Deferment:	
County/State of Deferment:	
Charge:	

Prior Convictions: ☐ No ☐ Yes (If yes – please list below):

Date Charge(s) Filed:	
Date of Conviction:	
County/State of Conviction:	
Convicting Charge:	
Level of Conviction:	☐ Felony ☐ Misdemeanor
Correctional Supervision:	
Date of Final Release/discharge:	

Date Charge(s) Filed:	
Date of Conviction:	
County/State of Conviction:	
Convicting Charge:	
Level of Conviction:	☐ Felony ☐ Misdemeanor
Correctional Supervision:	
Date of Final Release/discharge:	

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Pending charges: ☐ No ☐ Yes (If yes – please list below):

Date Charge(s) Filed:	
County/State where filed:	
Charge(s):	

Prison Rape Elimination Act Training

Click the following link or copy it into your browser:
PREA Training for Volunteers/Contractors

Follow the instructions on the slide by clicking "NEXT" after you have reviewed the material. Click on the arrow on the center of the screen to begin watching the PREA video. Allow yourself 23 minutes to listen to the video presentation.

After you complete the video presentation, click "QUIZ" to begin your assessment.

Enter in **all fields** on page 1 of the assessment; please ensure all info is entered correctly:

- *Email - Enter an email address that you can easily access, as you will receive a confirmation email after completing the quiz.*
- *Confirm Email*
- *What is your program?*
    - *Write the name of the agency or business you represent*
- *Last Name*
- *First Name*
- *Middle Initial – Will be used for your background check*
- *Phone Number – in case there are questions about information you entered*
- *Select "Volunteer" as the reason for your training*
- *Select the Community-based Corrections/CBC District that is requiring you to complete the training from the dropdown menu.*

After completing the quiz, you will receive an email noting you completed the training along with your score.

I understand my responsibilities under the Iowa Department of Corrections Sexual Misconduct policies and procedures and PREA standards and will report any suspicion of sexual misconduct to the PREA Compliance Manager or Warden/District Director.

Volunteer Applicant Printed Name	Volunteer Applicant Signature	Date

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1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997)? **((PREA 115.17(a)(1); PREA 115.217(a)(1))**

   ☐ No

   ☐ Yes (If Yes, please fill in the location and dates below)

   Location: _____ Date(s): _____

2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? **(PREA 115.17(a)(2)(b)(f)); (PREA 115.217(a)(2)(b)(f))**

   ☐ No

   ☐ Yes (If Yes, please fill in the location and dates below)

   Location: _____ Date(s): _____

3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in number (2) above? **(PREA 115.17(a)(3)(b)(f)); (PREA 115.217(a)(3)(b)(f))**

   ☐ No

   ☐ Yes (If Yes, please fill in the location and dates below)

   Location: _____ Date(s): _____

4. Have you ever resigned during a pending investigation into an allegation of sexual violence or sexual harassment or been investigated for sexual harassment? **(PREA 115.17(b-c)(2)); (PREA 115.217(b-c)(2))**

   ☐ No

   ☐ Yes (If Yes, please fill in the location and dates below)

   Location: _____ Date(s): _____

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Authorization for Release of Information

I hereby acknowledge that as a condition of my volunteer status with the Iowa Department of Corrections background checks will be completed using National Crime Information Center (NCIC) records. All information gathered shall be treated as confidential within the meaning of **Iowa Code Section 22.7**. The information gathered will be available to me upon request through the agency authorized to release such information, unless otherwise specifically provided by law.

I hereby authorize the release of information concerning me, whether on record or not, to the Iowa Department of Corrections (IDOC) for the duration of my volunteer services. I also release any individual, partnership, or corporation and their officials, agents, and employees from any liability for any damage whatsoever for issuing such information. This release is for the purpose of volunteer related information and criminal conviction history.

A photocopy or electronic copy of this authorization is as valid as the original.

I affirm that all the information provided herein is complete and accurate. I understand that any false or incomplete information or entries may disqualify me, and if false information is discovered, it may lead to termination of the volunteer status. **(PREA 115.217(g))**

Volunteer Applicant Printed Name	Volunteer Applicant Signature	Date