

APPLICATION FOR VOLUNTEER SERVICES

Date _____ Date of Birth _____

Name _____ Social Security No. _____

Address _____
Street Address City State Zip

Email Address _____

Phone _____ DL No. _____

Male Female

Reason for applying – List why you desire to provide volunteer services and what you hope to accomplish during your association with the Iowa Department of Corrections as a volunteer.

What religious group or other group are you affiliated with? _____

Have you ever been a victim of a crime? YES NO

If yes, name the incarcerated individual in this crime if known: _____

Are you currently, or have you been, associated with or on the visiting list of any incarcerated individual currently or formerly supervised or incarcerated by the Iowa Department of Corrections or Judicial District Department of Correctional Services?

YES NO

Location: _____ Relationship: _____

1. Have you ever been convicted, civilly adjudicated or administratively adjudicated of engaging or attempting to engage in sexual harassment, or 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)(3)(b)(f))**

No Yes

Location: _____ Date(s): _____

2. Have you ever resigned during a pending investigation or an allegation of sexual violence or sexual harassment while employed at a prison, jail, lockup, community confinement facility, juvenile facility or other institution? **(PREA 115.17(c)(2))**

No Yes

A law enforcement check is a mandatory requirement for anyone desiring to participate in the volunteer program with the Iowa Department of Corrections. I understand that my signature permits this check to take place.

I understand that if accepted as a volunteer, the Iowa Department of Corrections may terminate my services for cause. I will be given an orientation of the purpose, structure, function, procedures and rules of the Iowa Department of Corrections.

I agree to follow all rules and regulations of the Iowa Department of Corrections.

Signature Date

For official use only

Approved Denied Assigned Staff Supervisor _____

ID Card/Photo Completed: Yes No Orientation Completed: Yes No

Criminal Background Check Completed and Accepted; Yes No

Associate Warden/Treatment or Designee Date

Effective: May 2008. Reviewed: Nov. 2008. Revised: Oct. 2009, Jan. 2012. Reviewed: April 2012, Aug. 2013, Feb. 2014. Revised: July 2015. Reviewed: June 2016, Jan. 2017, Sept. 2017. Revised: Dec. 2018. Reviewed: March 2019. Revised: April 2020.