

Diocese of Des Moines

ADDENDA
To the School Volunteer Application

APPLICANT RELEASE STATEMENT:

I hereby affirm that the information provided on the application is true and complete to the best of my knowledge. I also agree that any false information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Realizing, as Church, the importance of protecting youth and other vulnerable populations, I hereby consent and authorize an investigative consumer report to be conducted if deemed appropriate by the Diocese of Des Moines, any parish, school, or related Catholic institution. Public records may be used in this report, such as a civil and criminal records and driving records, as well as personal interviews, as needed. I realize this inquiry may include information regarding my character, general reputation, a criminal background check and motor vehicle report. I release the Diocese of Des Moines, any parish, school, or related Catholic institution and their agents from liability associated with obtaining that inquiry.

This consumer report will be used for employment/volunteer selection purposes and may be subject to the Fair Credit Reporting Act (FCRA). I may receive a free copy of this report. Before any adverse action is taken based on this report, I will receive a copy of the report and notice of my rights under the FCRA.

BACKGROUND CHECK FORMS: (Please complete all forms)

Investigative Consumer Report

The following information is required to conduct an investigative consumer report. All reasonable precautions will be used to protect your privacy.

Date of Birth: _____ Full Legal Name (printed): _____

Home Address: _____

Driver's License Number: _____ State of Issuance: _____
(Only if required to drive a school vehicle on school sponsored activities or events.)

Social Security Number: _____ Gender: ___ Male ___ Female

Applicant Signature

Date

Name of School

Iowa Department of Human Services
AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child 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 about who information is requested. Send both copies to the Central Abuse Registry, Iowa Department of Human Services, Hoover Building, Fifth Floor, Des Moines, Iowa 50319-0114.

PART A: To be completed by the person requesting information.			
1.	Requester Diocese of Des Moines		
	Address 601 Grand Avenue		
	City Des Moines	State Iowa	Zip 50309
	Phone Number (515) 237-5085		
2.	The information concerns: Name (first, middle initial, last):		
3.	Maiden Name or Alias (if applicable)	Birth Date	Social Security Number
4.	What is the purpose of your request for child abuse information? Applicant, Employee or Volunteer		
	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.		
Diocesan Representative's Signature:			Date

PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.	
I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.	
Applicant, Employee or Volunteer's Signature: X	Date

PART C: To be completed by the Central Abuse Registry or designee.	
1. <input type="checkbox"/> The person named in item A-2 is listed on the Child Abuse Registry as having abused a child. 2. <input type="checkbox"/> The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child. 3. <input type="checkbox"/> This request for information is denied because the form is incomplete.	
DHS Representative's Signature:	Date:
Comments:	