



AUTHORITY FOR RELEASE OF INFORMATION

PLEASE PRINT. Fill in complete name, including middle name. Do not use initials or nicknames. Provide any former names you may have used, including maiden or married names.

Purpose of Clearance: \_\_\_\_\_

NAME: \_\_\_\_\_ Social Security #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number (Days) \_\_\_\_\_

Please list Cities/Counties/States where you have resided since age 18 and the approximate dates you resided at each location.

City	County	State	Dates

I hereby authorize you or your designee to release information concerning me, whether on record or not, to the Iowa Department of Corrections or any of its institutions, and the DAS/HRE for a period of two (2) years following the date on this form. 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 employment verification and criminal conviction history.

A photocopy of this authorization is considered as valid as the original.

I affirm that all the information provided here is complete and accurate. I understand that any false or incomplete information or entries may disqualify me, and if false information is discovered after employment, it may lead to my termination.

Due to the long distance (approx. 400 yards) that a volunteer must walk from the parking lot to the Sacred Place or approx. 300 yards to the new Programs Building from the parking lot, I affirm that I can physically walk this distance at a normal pace. I can also ascend/descend stairs at a normal pace.

Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

# Volunteer Application Form

The information on this form will help us to find the most satisfying and appropriate volunteer service for you. Please answer the following questions clearly and completely. Failure to do so may result in the rejection of this application. (If additional space is needed, please attach additional sheets.)

Date: \_\_\_\_\_

## SECTION I

1. Name: \_\_\_\_\_  
Last First Middle
2. Home Address: \_\_\_\_\_  
City State ZIP Code
3. Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_
4. Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_
5. Male: \_\_\_\_\_ Female: \_\_\_\_\_
6. Education (please note last year completed): \_\_\_\_\_
7. Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_
8. Who should we contact in case of emergency: \_\_\_\_\_  
\_\_\_\_\_

## SECTION II

1. Have you ever been convicted of a felony or indictable misdemeanor?  Yes  No  
(If your answer to this question is yes, please provide the particulars below.)

Charge	Sentence	Current Status	City & State	Place of Incarceration
Charge	Sentence	Current Status	City & State	Place of Incarceration

2. Are you currently charged with a felony or indictable misdemeanor?  Yes  No  
(If your answer to this question is yes, please provide the particulars below.)

Charge	Sentence	Current Status	City & State	Place of Incarceration
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3. Have you ever been a victim of a crime?  Yes  No  
(If yes, name the offender in this crime.) \_\_\_\_\_

4. Do you know anyone who is incarcerated at ICIW or elsewhere?  Yes  No  
(If your answer is yes to this question, please provide the particulars below.)

Offender's Name Relationship

5. Are you related to any staff presently employed at the Iowa Correctional Institution for Women.

If so, who? \_\_\_\_\_

### SECTION III

1. Why do you wish to become a volunteer? \_\_\_\_\_

\_\_\_\_\_

2. List the volunteer programs you would like to help with: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been a volunteer before?  Yes  No

4. Have you volunteered in any other Iowa institution?  Yes  No

If so, where? \_\_\_\_\_

### SECTION IV

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

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

I agree to follow ALL rules and regulations.

**Signature**

**Date**

### SECTION V - Status of Application

Approved:  Denied:  Security Director: \_\_\_\_\_

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

Criminal Background Check Completed and Accepted:  Yes  No

\_\_\_\_\_  
**Associate Warden of Treatment**

**Date**

\_\_\_\_\_  
**Volunteer Coordinator**

**Date**