



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF CORRECTIONS
John Baldwin, DIRECTOR

Patti Wachtendorf, WARDEN

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT: FILL IN COMPLETE LEGAL NAME, INCLUDING MIDDLE NAME, DO NOT USE INITIALS OR NICKNAMES. PROVIDE ANY FORMER NAMES YOU MAY HAVE USED, INCLUDING MAIDEN OR MARRIED NAMES

NAME SOCIAL SECURITY #

(Legal First Name, Full Middle Name, & Last Name)

Male Female Ethnic Origin

CURRENT ADDRESS:

Date of Birth Telephone Number Days Telephone Number Alternate

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

Table with 4 columns: 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 Iowa Department of Personnel for a period of two years following the date on this form.

A photocopy of this authorization is considered 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.

Signature/Date

Signature of Witness/Date

The mission of the Iowa Department of Corrections is to:
To Advance Successful Offender Reentry To Protect The Public, Staff And Offenders From Victimization.

(Office) 515-967-4236. 300 Elm Ave. S.W. Mitchellville, Iowa 50169. (FAX) 515-967-5347

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: _____
Email _____

SECTION I

1. Name: _____
Last First Middle
2. Home Address: _____

3. Home Phone #: _____ Work Phone #: _____
4. Date of Birth: _____ Social Security #: _____
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. Are you on an Inmate's list of approved visitors? Yes No
(If your answer is yes to this question, please provide the particulars below.)

_____ Relationship
Inmate's Name

5. Are you related to any staff presently employed at Iowa Correctional Institution for Women
Institution
If so, who? _____

SECTION III

1. Why do you wish to become a volunteer? _____

2. List group you are volunteering for or staff sponsor: _____

3. Is there any type of crime or nationality that you would be uncomfortable working with? Yes No
4. Have you volunteered in any other Iowa institution? Yes No
If so, where? _____
5. Character Reference (list names, addresses, and phone numbers of three):
- a. _____

- b. _____

- c. _____

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

Criminal Background Check Completed and Accepted: Yes No

Approved: Denied: Security Director: _____

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

Volunteer Coordinator _____ Date _____