

DURANT COMMUNITY SCHOOL DISTRICT
VOLUNTEER APPLICATION

Directions: Please complete this School Volunteer Application as completely as possible. If you are not employed at present, omit the portion related to employment.

Please return this form to: Lonna Moeller, HR Director

If you have any questions call 563-785-4432

NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE: Cell _____ Home _____

TELEPHONE: Work _____

EMAIL ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

FORMER EMPLOYER: _____

CERTIFICATION/LICENSES HELD (IF APPLICABLE) _____

SKILLS: _____

MAJOR AREA OF TRAINING _____

SPECIAL INTERESTS PERTAINING TO EDUCATION: _____

LANGUAGES SPOKEN: _____

I am especially interest in volunteering in this area or activity. _____

GRADE LEVEL PREFERRED: _____

SUBJECT/ACTIVITY PREFERRED: _____

DAYS/TIMES AVAILABLE: _____

REFERENCES—LIST 2: _____

PHONE

PHONE

VOLUNTEER STATEMENT: I am applying to be a school volunteer. I authorize the District to initiate a background check and to contact references.

VOLUNTEER SIGNATURE: _____ DATE: _____

STATUS OF APPLICATION

_____ APPROVED

_____ NOT APPROVED

DATE: _____

DISTRICT SIGNATURE: _____

**Please make sure that you have the district's approval before beginning to
volunteer!**

DISCLAIMER: This document is intended for instructional purposes only and is not intended as legal advice. We recommend you consult with an attorney to review this document and the attached state notices to ensure your compliance with applicable state laws related to background screening and consumer notices and disclosures.

DISCLOSURE REGARDING OSCC BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for the purpose of gaining site access to One Source Certified Contractors (OSCC) site locations. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security search, motor vehicle records ("driving records"), or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your OSCC program participation for site access to the extent permitted by law.

AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I further authorize One Source The Background Check Company ("One Source"), or their agents, to act as a third-party administrator between me and the companies who engage One Source for the purpose of gaining access to any OSCC sites, and determining whether the minimum requirements for compliance with companies' minimum background requirements are met. I authorize One Source to collect and use my personal information, including but not limited to: drug screen(s), driving report, and/or criminal history. I understand that the personal information detailed above will not be shared with the companies. Instead, One Source will provide a unique identification number to myself and to The Company. I hereby authorize One Source to disseminate PASS/FAIL, name, company name, and expiration date to any and all users of OSCC via the web. One Source will match my applicant profile with companies' requirements to generate a "Meets Requirements" or "Does Not Meet Requirements" result. The only information provided to sites is my unique One Source Certified Contractor identification number along with a report stating whether my qualifications meet or fail to meet specific companies' requirements.

PLEASE PRINT LEGIBLY

This information will be used for background screening purposes only and will not be used for any other purpose

Last Name: _____ First Name: _____ Middle: _____
Other Names/Alias: _____
Social Security #: _____ Date of Birth (MM/DD/YYYY): _____
Driver's License #: _____ State of Driver's License: _____
Present Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

All Previous Addresses in the Last Seven (7) Years

Signature: _____ Date: _____



Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law.

Abuse Registry being requested: ☐ Child Abuse ☐ Dependent Adult Abuse ☒ Both

Please specify your preferred method of response: ☐ Address ☐ Fax ☒ Email
abuse@onesourcebackground.com

Section 1: To be completed by the person or agency requesting the information.

Last Name One Source the Background Check Company	First Name	Agency Name	Telephone Number 402.933.9999
Address PO Box 24148			Fax Number 402.333.3280
City Omaha	State NE	Zip Code 68124	Email abuse@onesourcebackground.com
What is the purpose of your request for child or dependent adult abuse information? Employment			
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.			
Signature of Requester			Date

Section 2: To be completed by person authorizing HHS to release their abuse information.

Name (last, first, middle)		Birth Date	Social Security Number	
Address	City	County	State	Zip Code
List maiden name, previous married names, and any alias:				
I understand that my signature authorizes the requestor to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 2 of this form is correct.				
Signature of Person Authorizing Release				Date

Section 3: To be completed by the Central Abuse Registry or designee.

Signature of Registry Staff or Designee		Date
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