

VOLUNTEER APPLICATION FORM

KNOXVILLE COMMUNITY SCHOOL DISTRICT

Knoxville Community School District (KCSD) strongly supports community involvement through volunteering. Parent and community volunteers are considered a valuable resource in helping our students.

In order to insure the safety of all students and staff, background checks will be conducted on all volunteers who work with students on a regular basis (i.e.: volunteer coaches, student mentors, etc.). The attached background authorization form must be completed and returned to the central office prior to beginning volunteer work.

Volunteer work must also align with the district's mission of how students are treated and how programs are structured. For example, volunteer requests from parents simply wanting to promote their own individual child will be denied while requests from parents with a desire to help all students equally will be approved.

Lastly, all parent and community volunteers must model the behaviors and expectations the district has for all staff. This issue most strongly relates to athletics where coaches can sometimes model poor sportsmanship by letting emotions get out of hand.

Applicant Information:

Name: _____

Street Address: _____

Phone Number: _____

E-Mail Address: _____

Reference Information:

Please list places you have volunteered or are currently volunteering along names and contact information for people district staff may contact should reference checks be necessary. Possible references may include Youth Athletic League Directors or parents of children you have coached.

Organization: _____

Organization: _____

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Step I - - to be completed by volunteer applicant:

Please explain the area (and reason) for requesting to volunteer at Knoxville Community School District. Also, please complete the attached background authorization form.

Volunteer Signature: _____ (Please give form to supervisor after signing)

Step II - - to be completed by immediate supervisor (i.e.: teacher, head coach, etc.)

What will be the roles and responsibilities of the volunteer applicant?

Supervisor Signature: _____ (indicates approval)

Step III - - to be completed by Activities Director and building principal.

Does the volunteer have required endorsements (i.e.: coaching endorsement) for the requested position?

_____yes/no - - Please attach copy of endorsement certificate.

Activities Director Signature: _____ (indicates approval)

Principal Signature: _____ (indicates approval)

Step IV - - to be completed by superintendent.

Background authorization forms for child abuse and dependent adult abuse have been submitted to “Single Contact License & Background Check” for processing with the Iowa D.C.I., making the volunteer applicant eligible to begin work at Knoxville Community School District as listed above. This process is being followed according to Iowa Law.

_____yes/no - - Application materials for all district volunteers will be filed at central office.

Superintendent Signature: _____ (indicates approval)

Board Approval Date _____



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: 4495-F

To: Iowa Division of Criminal Investigation
 Support Operations Bureau, 1st Floor
 215 E. 7th Street
 Des Moines, Iowa 50319
 (515) 725-6066
 (515) 725-6080 Fax

From: KNOXVILLE COMM. SCHOOL DISTRICT
ADMINISTRATION BLDG.- LISA WILLIS
309 W MAIN STREET
KNOXVILLE, IA 50138

Phone: 641-842-6551 EXT 1

Fax: 641-842-2109

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (mandatory)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (mandatory)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____ -> PLEASE ALSO COMPLETE
DRIVERS LICENSE INFORMATION AT BOTTOM OF THIS FORM.

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

DCI-77 (Approved 08/25/10; updated 05/31/13; reviewed 08/13/14)

I _____ grant permission for the Knoxville Comm. School District to check my motor vehicle record, in accordance with Board Policy 413.15.

DRIVERS LICENSE NUMBER _____