

Work Location: _____ Parish School Other

City _____

Contact _____ Telephone Number _____

Applicant/Volunteer Screening Application

This form is to be completed by all applicants and volunteers for any position within the Diocese of Des Moines (volunteer* or compensated). This is not an employment application. Persons seeking employment will be required to complete an application for employment. This process is designed to help the Church provide a safe and secure environment for children, youth and adults who participate in our programs and use our facilities.

Name _____
Last First Middle

Address _____

City State Zip County

Home Phone () Other ()

Are you currently employed by the Diocese of Des Moines (i.e. Catholic Charities, Chancery, parish or school)? Yes No If yes, what is your position title and location of employment? _____

If no, please indicate which of the following you are applying or volunteering for:

Employment at the Chancery Catholic Charities Outreach
 Preschool Children Youth Adult Other _____

Please list any specific program(s) you are interested in _____

Will you be required to drive a church vehicle or any other vehicle on church sponsored activities or events? Yes No

Are you a registered member of a parish? Yes No If yes, which one? _____
Since _____

List all other churches you have attended or been involved with during the last five years:

Church	Address	Involvement	From	To

List any skills, talents, education, training or experience that qualifies you for the position you are seeking, including professional license or certification:

*Volunteer means any unpaid person engaged in or involved in a Church activity, and who is entrusted with the care and supervision of children, and/or persons engaged or involved in ministry who have regular individual contact with the elderly or disabled.

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 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.

Mindful of the importance of protecting children and other vulnerable persons, the undersigned acknowledges a truthful response to the questions below. I understand that past violations would not necessarily preclude the employment or volunteer position sought.

Signature _____ Date _____

1. Have you had any convictions other than a traffic violation? Yes No
2. Did you ever enter into an agreement with any past employer not to divulge the true reason for termination of employment? Yes No
3. Have you ever been subject to ecclesiastical discipline? Yes No
4. Please provide your addresses for the past seven (7) years, including the counties.

5. Please list any aliases (including maiden name and previous marriages).

6. Please provide the names of three (3) references and their phone numbers.

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

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

Driver's License Number: _____ State of Issuance: _____

Social Security Number: _____ Gender: Male Female

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? Potential 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 or Volunteer's Signature:	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:	

OF CHILD ABUSE INFORMATION

Redissemination of Child Abuse Information (Iowa Code 235A.17)

A person, agency, or other recipient of child abuse information shall not redisseminate this information. However, redissemination is permitted when all of the following conditions apply:

- The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code Section 235A.15.
- A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- The written record is forwarded to the Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code 235A.21)

- Any person is guilty of a criminal offense when the person:
 - Willfully requests, obtains, or seeks to obtain child abuse information under false pretense.
 - Willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code Sections 235A.15 and 235A.17.
 - Is connected with any research authorized pursuant to Iowa Code Section 235A.15 and willfully falsifies child abuse information or any records relating to child abuse.
- Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.
- Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 and 235A.17 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.
- Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapter 235A shall be grounds for the immediate withdrawal of any authorized access that the person might otherwise have to child abuse information.