

MICA staff contact information:

**Mid-IowaCommunityAction,Inc.(MICA)**  
Volunteer Registration

Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone # \_\_\_\_\_

Have you volunteered before? \_\_\_\_\_ If yes, for which organization? \_\_\_\_\_

How often would you like to volunteer?

Occasionally - less than 24 hours a month

Regularly - more than 24 hours a month

Service Learner - limited volunteer experience to fulfill a classroom requirement

Number of hours needed to fulfill class requirement \_\_\_\_\_ hours by \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Please indicate which MICA location you would like to volunteer at and which role(s) are of interest

\_\_\_\_\_

Do you have any limitations that should be considered in assigning you a volunteer role?

Have you previously been employed or volunteered with MICA before?  Yes  No

Why do you want to serve as a volunteer with MICA?

\_\_\_\_\_

When are you available? (We do not have any weekend or evening opportunities.)

How did you hear of our volunteer opportunities? \_\_\_\_\_

Do you have family members working at MICA or on the Board of Directors?  Yes  No

I verify that I have completed this form on my own behalf and agree to obtain additional training or screening requirements that may be required for volunteer positions.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

Return Volunteer Registration by mail to:

MICA

1001 South 18<sup>th</sup> Ave.

Marshalltown, Iowa 50158

Or via email to: [info@micaonline.org](mailto:info@micaonline.org)



# Mid-Iowa Community Action, Inc.

1001 S. 18<sup>TH</sup> AVENUE • MARSHALLTOWN, IOWA • 50158  
PHONE: (641)752-7162 • FAX: 641-752-9724

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## **VOLUNTEER CONSENT TO BACKGROUND CHECK**

I understand that, as a condition of consideration as a volunteer with Mid-Iowa Community Action, Inc. (MICA), Mid-Iowa Community Action, Inc. may obtain background records that include, but are not limited to national, state and local records regarding social security verification, criminal and civil charges and penalties, Department of Motor Vehicle records, sex offender registries, child abuse registries, Division(s) of Criminal Investigation (DCI), and any other public records.

I hereby authorize Mid-Iowa Community Action, Inc.'s procurement of such reports for volunteer purposes. I understand that this authorization shall remain on file and shall serve as an ongoing authorization for Mid-Iowa Community Action, Inc. to procure background checks at any time during my volunteering period.

**I understand any criminal history data concerning me that is maintained by any third party provider may be released as allowed by law.**

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**Signature of Applicant**

**Date**

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**Printed Name of Applicant**



STATE OF IOWA  
Criminal History Record Check  
Request Form



Mail or Fax completed forms to:

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

DCI Account Number: DCI-103  
(if applicable)

Send results to:

Name Dan Garcia  
Address 1001 S. 18th Ave  
Marshalltown, IA 50158  
Phone 641-752-7162  
Fax 641-753-1048

I am requesting an Iowa Criminal History Record Check on:

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

**Release Authorization:** Without a signed release 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 signed release from the subject of the request.

\*\*\*This form (DCI-77) is the only approved release authorization form for this purpose.\*\*\*

**Release Authorization:** 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. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

**Release Authorization Signature:** \_\_\_\_\_

**Iowa Criminal History Record Check Results**

(DCI use only)

As of \_\_\_\_\_, a search of the provided name and date of birth revealed:

No Iowa Criminal History Record found with DCI  
 Iowa Criminal History Record attached, DCI #\_\_\_\_\_

DCI initials \_\_\_\_\_

### **Release Authorization Information:**

Iowa law does not require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, without a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

### **General Information:**

The information requested is based on name and exact date of birth only. Without fingerprints, a positive identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) only. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a deferred judgment *is not* generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A deferred sentence *is* a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

**REMINDER** - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.

## MICA VOLUNTEER STATEMENTS

Name

I (check one)  **DO**  **DO NOT** have any criminal convictions (to include deferred judgments, even if discharged) of any law in any state.

(If "**DO**" is checked, briefly explain the circumstances.)

I (check one)  **DO**  **DO NOT** have any founded or confirmed reports of child or adult abuse or neglect in any state.

(If "**DO**" is checked, briefly explain the circumstances.)

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\_\_\_\_\_ (initial) I understand if, through my volunteer responsibilities, I suspect a child has been abused I need to immediately notify my volunteer supervisor or another MICA supervisor. I may need to contact Iowa Health and Human Services to make a report as a "permissive reporter". Additional training may be required for your volunteer assignment.

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I (check one)  **DO**  **DO NOT** have any communicable diseases or health concerns that would pose a threat to the health, safety, or well-being of the children.

(If "**DO**" is checked, briefly explain the circumstances.)

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\_\_\_\_\_ (initial) If I have any communicable disease or health concern that poses a threat to the health, safety, or well-being of children, I will not volunteer at MICA for the duration of the concern.

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I (check one)  **AM**  **AM NOT** under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair driving ability.

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\_\_\_\_\_ (initial) I will not volunteer while under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair driving ability.

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**Confidentiality Statement** \_\_\_\_\_ (initial) I understand during the course of my volunteer experience at MICA, I may become aware of confidential information regarding participants in MICA programs or MICA employees. MICA is committed to protecting the privacy of participants and employees. Volunteers are expected to do the same.

**MICA Media Release Consent**

- Yes, I give my consent to use photographs and video (including audio) footage of me in promotional materials, including social media.
- Yes, I give MICA permission to publish or broadcast my first and last name and my statements about volunteering in promotional materials, including social media.
- No, MICA may not use photographs or video (with audio) footage of me in promotional agency materials, including social media.
- No, MICA may not identify me by first and last name in promotional materials, including social media.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_