

School/Office Use Only

Date received: _____
Proof of ID: _____
School: _____
Staff: _____

Volunteer Office Use Only

Status: _____
Staff: _____

VOLUNTEER APPLICATION AND DISCLOSURE FORM

SECTION A - PERSONAL INFORMATION

Please complete this application and submit to Davenport Community Schools (DCS) Volunteer Office, along with a copy of your Iowa state driver's license or passport. Incomplete forms will be returned and will delay approval.

First Name	Middle Name	Last Name	Birthdate (Month, Day, and Year)
Street Address		City	State, Zip Code
Social Security Number	Former Name(s) / Alias & Date of Change		
Phone	Email		
Emergency Contact Name	Phone	Relationship	

PLEASE CHECK ALL THAT APPLY:

- Past or present DCS employee
- Parent/Guardian of DCS student
- Relative of student (specify student name): _____
- Community volunteer (specify agency): _____
- Other (specify): _____

Gender:

- Female
- Male

If you have a child attending DCS, please list below:

Child(ren)'s full name(s), school(s,) grade(s). Please add paper if additional columns needed.

Child's name	School	Grade
Child's name	School	Grade
Child's name	School	Grade
Child's name	School	Grade

Check the area(s) of interest:

OPPORTUNITY FIELD

- Academic Support (tutor, classroom helper, reading)
- Coach (certification required)
- Curriculum Enrichment (music, arts, after school)
- Non-Academic (playground help, office or library support)
- Special Populations (gifted, ESL, special ed)
- School Groups
- Other (please be specific) _____

SCHOOL ENVIRONMENT:

- Early Childhood
- Elementary (K-5)
- Intermediate (6-8)
- High School (9-12)
- Alternative
- Specify school: _____

Day(s) and Time(s) _____

SECTION B – BACKGROUND DISCLOSURE

Davenport Community Schools makes every reasonable effort to provide a safe learning environment for students working with volunteers. Therefore, DCS requires the following information:

Yes No

- Have you ever been convicted of a felony?
- Have you ever been convicted, or had an administrative finding, of violating any law involving abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to a minor?
- Have you ever been convicted, or had an administrative finding, of soliciting or sales of illegal drugs?
- Do you currently have any outstanding criminal charges and/or warrants of arrest pending against you in the State of Iowa? If yes, please specify _____
- Do you currently have any outstanding criminal charges and/or warrants of arrest pending against you in any other state, province, territory, and/or country? If yes, please specify _____

If you answered "yes" to any of the previous questions you are required to attach a detailed statement including: 1) the nature of the offense, 2) nature of the charge or warrant against you, 3) the date of the arrest and 4) the final disposition and date.

SECTION C – RELEASE OF INFORMATION AGREEMENT

As a volunteer for the DCS, I understand the following;

- DCS may review work history with the district.
- I have read and agree to the Volunteer guidelines and forms listed on the DCS volunteer web page.
- It is my responsibility to treat information about students, staff and other situations as confidential.
- I understand that an annual check of volunteers is done as part of a recertification process for volunteers.
- I understand that a photocopy (pdf) of this authorization would be accepted with the same authority as the original.
- If the information provided or answer(s) to any question on the application change, I understand that I must immediately notify DCS and provide an update.

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentations or willful omissions of fact shall be considered sufficient cause for disqualification of this application.

I authorize verification of any of this information. I authorize all current (unless so noted) and former employers, schools, and individuals to release any information concerning my background.

I understand that this application is not a contract of employment or approval of the volunteer application. I also understand that, if approved as a volunteer, regardless of any oral representation to the contrary, the volunteer relationship is terminable at-will.

I understand that the approval of the volunteer application is conditioned on the results of the background check which includes a criminal records check. The background check inquiry likely will concern itself with any or all of the following: My signature below authorizes the school to conduct a background investigation and authorizes release of information regarding general reputation, personal characteristics, criminal history (if any), credit history, prior work history and reports of child abuse or neglect. DCS reserves the right to consider any inquiry of this type to be made at a future date, should I remain as a volunteer for the district. In any instance when an inquiry of the type is made, now or in the future, the scope, nature and results of such inquiry will be made available to me upon written request.

Print Full Name _____

Signature _____

Date _____

**Return this form to the Achievement Service Center
Attention: DCS Volunteer Office
1606 Brady Street
Davenport, IA 52803**