

EDUCATION RECORD

Name and location of schools attended starting with High School	Attendance Dates Mo./Yr. To Mo./Yr.	Graduation Yes / No	Type of Degrees and Major Area of Study

EXPERIENCE RECORD

- List your work experience, starting with the most recent.
- List volunteer and homemaker experience as you would traditional employment
- Previous/present employers may be contacted for a reference.

PLACE OF EMPLOYMENT _____	NATURE OF WORK _____	FROM _____ MO DAY YEAR
ADDRESS (STREET/BOX NUMBER) _____	YOUR TITLE _____	TO _____ MO DAY YEAR
CITY STATE ZIP CODE _____	SUPERVISOR'S NAME & TITLE _____	Average number of hours worked per week _____
PHONE _____	REASON FOR LEAVING _____	
Duties:		

PLACE OF EMPLOYMENT _____	NATURE OF WORK _____	FROM _____ MO DAY YEAR
ADDRESS (STREET/BOX NUMBER) _____	YOUR TITLE _____	TO _____ MO DAY YEAR
CITY STATE ZIP CODE _____	SUPERVISOR'S NAME & TITLE _____	Average number of hours worked per week _____
PHONE _____	REASON FOR LEAVING _____	
Duties:		

PRESENT SKILLS

_____ CPR _____ First Aid _____ Valid Iowa Driver's License _____ Receptionist/PBX
_____ Accounting/Bookkeeping _____ Clerical/Secretarial _____ Machine Transcription
_____ Word Processing _____ Computer _____ Typing, WPM _____

Computer Software Used: _____

List any other skills, special training, certifications, or experiences that would contribute to your volunteer experience.

Foreign Languages: (speak, read, write) _____

OTHER COMMUNITY INVOLVEMENT (Include any community involvement (i.e.: church, school, non-profit agency, etc.)

HOBBIES

REFERENCES (List 2, prefer professional references):

Name	Address	Phone	Relationship

I understand that references will be contacted. I understand that the Sixth Judicial District DCS/CCIA Volunteer Assistance Program is not obligated to assign me to a volunteer position if not in the best interest of the program.

I understand that acceptance into the Volunteer Assistance Program will be contingent upon completion of a criminal records check.

AA/EEO

The DCS/CCIA will consider this application without regard to race, color, national origin, sex, religion, age, creed, physical and mental disability, or political belief.

LIABILITY

Volunteers are entitled to liability protection on the same basis as State employees, Iowa Code Chapter 25A. This protection is not, in all instances, complete. If you have any questions, please contact either the State Volunteer Program Director or the Attorney General's Office.

It is expected that Department of Correctional Services vehicles will be used for any work-related purposes. However, in a circumstance where I would opt to use my own motor vehicle for work-related purposes, I agree to carry adequate liability insurance on same and assume all risks and liability for injury occasioned to any recipient.

Name of Auto Insurer _____

Policy Number _____

Expiration Date: _____

CONFIDENTIALITY

The records and information to which you will have access as a DCS/CCIA volunteer are confidential and are protected by law. Your signature on this form will certify that the confidentiality of this information has been explained to you. Further, your signature signifies an agreement between you and the DCS/CCIA that you promise not to discuss any confidential information including, but not limited to, any description of situation as well as names of offenders with whom you work.

Your signature means that you promise to share pertinent and confidential information in the context of a work situation only with persons working with the Department of Correctional Services/CCIA.

Breach of this confidence is a violation of the criminal law and reason for immediate termination of your services with the Department of Correctional Services/CCIA. It may lead both to a criminal prosecution against you and to a civil damage action in which you would not have the protection of the provisions of Chapter 25A.

ACTIVITIES

I, the undersigned, understand that I will be associated with the Sixth Judicial District Department of Correctional Services/CCIA Volunteer Assistance Program (VAP) and I am being allowed to observe and/or participate in the prescribed activities of the DCS/CCIA as determined by immediate staff supervisor.

SIGN HERE IN INK: _____

DATE: _____

Please return this form to the appropriate location listed below:

Sixth Judicial District, DCS Offices:

Benton, Iowa, Tama Counties
Volunteer Assistance Program
6th Judicial District DCS
105 E. Carleton
Toledo, IA 52342

Johnson County
Volunteer Assistance Program
6th Judicial District DCS
2501 Holiday Road
Coralville, IA 52241

Jones, Linn Counties
Volunteer Assistance Program
6th Judicial District DCS
951 29th Avenue SW
Cedar Rapids, IA 52404

Community Corrections Improvement Association (CCIA): Program Coordinator for which you are applying to be a volunteer with.

REQUIRED BACKGROUND CHECK

To be considered for acceptance in the Sixth Judicial District Department of Correctional Services (DCS)/Community Corrections Improvement Association (CCIA) Volunteer Assistance Program, I am willingly providing the following data, which is necessary to complete a criminal records check. This form is kept separate from your application to ensure you are considered without regard to race, color, national origin, sex, religion, age, creed, physical and mental disability, or political belief.

If the check reveals concerns, you will be informed of the record and be given a reasonable opportunity to provide clarifying information. If upon further review, it is the DCS's/CCIA's judgment that the conviction has a nexus to the position for which you have applied, you will no longer be considered for volunteer placement or, if already volunteering at the DCS/CCIA, you will be terminated. You will be informed of such action in writing. If you seek future volunteer placement and/or employment at the DCS/CCIA, the personnel department may be informed of this action and may be directed to take this information into consideration when evaluating your application and/or appointment.

Last Name	First Name	Middle Name
Position/Program Applied For:	Agency: <input type="checkbox"/> CCIA <input type="checkbox"/> DCS <input type="checkbox"/> Both	Race (check one): <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White
Social Security No. - -	Date of Birth / /	Sex/Gender
Driver's License Number and State:		Today's Date / /