Howard-Winneshiek Community School District

Volunteer Application Form

Name_____

Address_____

Phone (home) _____ (work/cellular) _____

E-mail (optional) _____ Date of Birth_____

Emergency Contact: Name _____ Phone_____

Relationship _____

Do you require any special accommodations in a work environment? ◯ Yes ◯ No

If yes, please describe.

_____

Please indicate what type of volunteer opportunity you are seeking:

- ☐ Academic assistance (i.e. one-to-one tutor, small group support, classroom assistance)
- ☐ Curriculum enrichment (i.e. drama, arts & crafts, music)
- ☐ Work with special populations (i.e. special education, English as a second language, gifted students)
- ☐ Clerical/Non-Academic support (i.e. lunchroom or playground supervision, office support, library support, event organizing)

In order to make an effective match for you, it is important for us to know of any special skills or talents you would like to bring to your volunteer work. If so, please describe:

_____

_____

Is there a particular classroom or project you are interested in supporting? If so, please indicate:

_____

Please indicate what days and times you have available:
Day (or days) _____
Optimal time _____

Volunteer purpose:
- ☐ community organization
- ☐ academic requirement

Please submit this form to the school where it will be kept on file.
I understand that before I am allowed to volunteer in a school, that I must complete a State of IA Non-Law Enforcement Record Check Request Form, IA DHS Authorization for Release of Child Abuse Information and IA DHS Authorization for Release of Dependent Adult Abuse Information and that a background check will be performed by Howard-Winneshiek Community School District. I also understand that volunteering at a school or in a program with students, is a privilege and that the Building Principal or Program Manager can end a person's ability to volunteer at her or his school at any time.

_____ _____

Signature of Volunteer *Date*

Background Screening Information Form

Basic Information

Legal First Name	Legal Middle Name
Legal Last Name	Maiden and/or Other Last Name Used
Email Address	
Date of Birth	Social Security Number
Current Physical Address (no P.O. Boxes)	
City	State / Zip

Motor Vehicle Records Check

Drivers License Number	State Issued

Address History Please provide a complete address history for the last SEVEN-year period.

Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates

Degree Verification

Institution Name	City	State
Institution Phone Number	Degree	
Start Date	End Date	
Degree	Study Major	

Employer Verification

Please note, in order to verify a job candidate's employment history, we will be contacting the employer you provide information for on this form. If you do not wish for your current employed to be contacted, please provide a previous employer instead.

Company Name	
Company Address / City / State	
Title (optional)	Salary (optional)
Start and End Date	Reason for leaving (optional)
Contact Name	Contact Phone
Contact Email	

Professional License Verification

License Authority Name	License Number
License Authority Phone Number	State Issued
Issued Date	Expiration Date
Status	

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that _____ (Hereafter referred to as "**Company**") and/or its agent, **C4 Operations LLC**, may now, or at any time I am enrolled in, assigned to, volunteer with or am employed by this **Company**, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended; state driving records; financial or credit institutions; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches can be used to determine eligibility under the **Company** policies. Therefore, I authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the **Company**. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, by sending a written request to 1201 Edgewood Rd SW, Cedar Rapids IA 52404-2344, calling (888) 519-6283 or submitting an email request though our website www.C4Operations.com**. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? YES ☐ NO ☐
If so, do you want a copy of any Consumer Report prepared concerning you? YES ☐ NO ☐

I understand that California law requires **Company** to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.16).

Signed this _____ day of _____, 20____.

Applicant (Print Name)	Applicant Signature
Parent/Legal Guardian Name if Applicant is a Minor	Parent/Guardian Signature if Applicant is a Minor

IOWA | Health and Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law.

Abuse Registry being requested: ☐ Child Abuse ☐ Dependent Adult Abuse ☒ Both

Please specify your preferred **method of response**: ☐ Address ☐ Fax ☒ Email

Section 1: To be completed by the person or agency requesting the information.

Last Name	First Name	Agency Name	Telephone Number
Castonguay	Lester	C4 Operations Background Check Services	888-519-6283

Address	Fax Number
1201 Edgewood Rd SW	888-634-7091

City	State	Zip Code	Email
Cedar Rapids	IA	52404	admin@c4operations.com

What is the purpose of your request for child or dependent adult abuse information?
background check

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requester	Date
[signature]	08/07/2025

Complete this Section

Section 2: To be completed by person authorizing HHS to release their abuse information.

Name (last, first, middle)	Birth Date	Social Security Number

Address	City	County	State	Zip Code

List maiden name, previous married names, and any alias:

I understand that my signature authorizes the requestor to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 2 of this form is correct.

Signature of Person Authorizing Release	Date

Section 3: To be completed by the Central Abuse Registry or designee.

Signature of Registry Staff or Designee	Date