



**Iowa Veterans Home**  
**Volunteer Services**  
**1301 Summit Street**  
**Marshalltown, IA 50158**  
**641-753-4406 or 641-753-4405**

**VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

**In case of emergency, who may we call?**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

REFERENCES: List three non-family members who know you well (neighbor, friend, coworker, etc.)

Name	Email (or home address)	Phone No.
		( )
		( )
		( )

Please circle all that apply: student employed retired not currently working

High School Diploma: yes or no If no, last grade completed \_\_\_\_\_

College/additional education \_\_\_\_\_

Work experience \_\_\_\_\_

How did you hear about our Volunteer opportunity? (please circle) Radio online

from a current volunteer from a current employee other \_\_\_\_\_

Please read the back of this application before signing. The Iowa Veterans Home will consider this application without regard to race, color, national origin, sex, religion, age, creed, physical or mental disability, or political belief.

Some facts you should know as you apply to become an IVH volunteer:

- **Medical Insurance.**

The state does not have medical coverage for volunteers. If you do not have your own medical insurance and you still wish to volunteer, it is recommended that you obtain insurance.

- **Liability.**

If a volunteer is sued for an incident occurring while volunteering, under Iowa Code Chapter 25A, the state will defend and indemnify that volunteer (i.e. the state will provide an attorney and pay any money awarded by the court), except if the volunteer is found to be in willful and wanton neglect.

- **Confidentiality.**

The records and information to which IVH volunteers have access to are confidential and are protected by law. If you become an IVH volunteer, you must not discuss any confidential information, including but not limited to any descriptions of situations as well as names of residents with whom you work. Even when you are no longer a volunteer for the facility, the information you learned as a volunteer must continue to be kept confidential.

If you accept a volunteer position with the IVH, your signature indicates that you promise to share pertinent and confidential information only in the context of a work situation and only with appropriate IVH personnel.

Breach of this confidence is a violation of the criminal law and reason for immediate termination. Such a breach 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Volunteers under 18 years of age require a parent/guardian signature – by signing below you are giving permission for the child listed above to do volunteer work for the Iowa Veterans Home.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IOWA HEALTH CARE FACILITY (135C) RECORD CHECK  
Form C

ACCOUNT NUMBER: 7113

TO: Iowa Division of Criminal Investigation  
Bureau of Identification  
Wallace State Office Building  
Des Moines, IA 50319  
(515) 281-5138  
(515) 242-6876 (fax)

FROM: Iowa Veterans Home  
Personnel Office  
1301 Summit Street  
Marshalltown, IA 50158  
Phone: (641) 753-4550  
Fax#: (641) 753-4549

I am requesting an Iowa Criminal History Check on:

(TYPE/PRINT LEGIBLY)

REQUEST

_____ Last Name (mandatory)	_____ First Name (mandatory)	_____ Middle Name (recommended)
____/____/____ Date of Birth (mandatory)	_____ Sex (mandatory)	____-____-____ Social Security Number (mandatory)

Denise Balot, HRJA  
Signature of Requestor

*There is a separate Form "C" required for each last name submitted*

(DCI Use only)

RESULTS

As of \_\_\_\_\_, a Name and date of birth check revealed:

CCH record Attached:  No CCH Record:

DCI Initials \_\_\_\_\_

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

