

MICA staff contact information:

**Mid-Iowa Community Action, Inc. (MICA)
Volunteer Registration**

Name _____
 First Middle Last

Address _____

City _____ State _____ Zip _____

Phone # _____ Email address _____

Emergency contact name _____ Phone # _____

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

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

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

Confidentiality Statement

I understand during the course of my volunteer experience at MICA, I may become aware of confidential information regarding participants in MICA's programs or employees. MICA is committed to protecting the privacy of participants and employees, and volunteers are expected to do the same. I agree ____ (initial)

MICA Media Release Permissions

Photographs and video footage

- Yes**, I give permission to use photographs or video footage of myself in promotional agency materials.
- No**, MICA may not use photographs or video footage of myself in promotional agency materials.

Use of first and last name

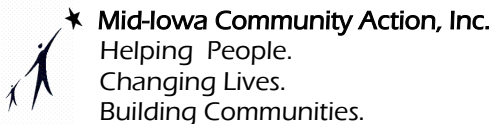
- Yes**, I give MICA permission to publish or broadcast my first and last name and my accounts about volunteering in promotional materials.
- No**, MICA may not identify me by first and last name in promotional materials.

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 18th Ave.
Marshalltown, Iowa 50158
or by fax to (641)752-9724



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ECP/Family Development Volunteer

MICA's Early Head Start /Head Start Program is regulated by the U.S Department of Health and Human Services and the Iowa Department of Human Services. Additional information and/ or training may be required for volunteers working with infants, toddlers, or preschoolers in a classroom setting or volunteers working with E/HS families.
Please read, complete and sign below:

ECP/Family Development Volunteer

Occasional Volunteer (Volunteers working less than 24 hours a month)	Regular Volunteer (Volunteers working more than 24 hours a month and volunteer in ratio)
<p style="text-align: center;">Non conviction statement</p> <p>1. I do ___ do not ___ have a conviction of any law in any state.</p> <p>2. I do ___ do not ___ have a conviction of or any record of founded child, neglect, child abuse, or dependent abuse in any state.</p>	<p style="text-align: center;">Non conviction statement</p> <p>1. I do ___ do not ___ have a conviction of any law in any state.</p> <p>2. I do ___ do not ___ have a conviction of or any record of founded child, neglect, child abuse, or dependent abuse in any state.</p>
<p style="text-align: center;">Communicable disease statement</p> <p>I do ___ do not ___ have any communicable diseases or other health concerns which pose a threat to the health, safety, or well being of the children or families served by MICA.</p>	<p style="text-align: center;">Communicable disease statement</p> <p>I do ___ do not ___ have any communicable diseases or other health concerns which pose a threat to the health, safety, or well being of the children or families served by MICA.</p>
XXXX	<p>TB skin test – Prior to start date, regular volunteers must obtain a TB skin test. MICA will pay for this testing when performed by an approved agency or provider.</p>
XXXX	<p>Mandatory Child Abuse Reporter Training – within 4 months of start date of volunteer must obtain Mandatory Child Abuse Reporter Training. MICA will pay for this training.</p>

I declare the above statements to be true and to meet additional training or screening requirements for my volunteer position.

Signature of Volunteer Date

**STATE OF IOWA
DHS CRIMINAL HISTORY RECORD CHECK
FORM B**

**TO: Iowa Division of Criminal Investigations
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319**

**FROM: Marsha McBee
Child Care Licensing
Iowa Dept. of Human Services
1200 University Avenue
Des Moines, Iowa 50314
Ph: 515-283-9100 Fax: 515-283-9224**

PURPOSE: Child Day Care 237A.5, 237A.20 Adoption 600.8(1)(2) Child Abuse 232.71
 Foster Care/Group Foster Care 237.8 Institutions/Facility 218.13 Juvenile Homes 232.142

REQUEST

Center Name and Address

I am requesting an Iowa Criminal History (CCH) check on:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Maiden/Former Name, any Alias (List All)</i>	<i>Sex</i> <input type="checkbox"/> Female <input type="checkbox"/> Male	<i>Social Security Number</i>
<i>Date of Birth</i>	<i>Signature of Requester (DHS Employee)</i> <i>Marsha McBee</i>	

RESULTS

As of _____ (date) a name and date of birth check revealed:

CCH record attached No CCH record found

DCI Initials _____

WAIVER
(see reverse side)

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

<i>Signature</i>	<i>Date</i>
<i>Address</i>	<i>City, State, ZIP</i>

Mid-Iowa Community Action, Inc.

1001 S. 18TH AVENUE • MARSHALLTOWN, IOWA • 50158

PHONE: (641)752-7162 • FAX: 641-752-9724

VOLUNTEER CONSENT TO BACKGROUND CHECK

I understand that, as a condition of my performing volunteer work with Mid-Iowa Community Action, Inc. (MICA), Mid-Iowa Community Action, Inc. may obtain background records that include, but are not limited to, employment and education verifications, social security verification, criminal and civil history, personal interviews, Department of Motor Vehicle records, Department(s) of Criminal Investigation, National Sex Offender Registry, DHS Child Abuse Registry, and any other public records.

I hereby authorize and consent to Mid-Iowa Community Action, Inc.'s procurement of such reports for volunteering purposes. I understand that background reports will be made available to me, if I so request, along with the name and address of the reporting agency that produced the report.

If accepted as a volunteer, 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 reports at any time during my volunteer period.

Signature of Applicant

Date

Printed Name of Applicant