



Dubuque

COMMUNITY SCHOOLS

NON-EMPLOYEE BACKGROUND CHECK PACKET

On behalf of the more than 10,500 students in the Dubuque Community School District, thank you for the work you do in our schools. We know that working with positive adult role models is a rewarding experience for our students and we are confident that it will be equally as rewarding for you.

Because the safety of our students is of the utmost importance, we require background checks of all non-employees involved in school programs.

PLEASE COMPLETE THE FOLLOWING SECTIONS WITHIN THIS PACKET:

NOTE: all forms must be completed in black ink

PAGE 3: SECTIONS A, B and C

PAGE 4: SECTIONS A and B

PAGE 5: SECTION 2

PAGE 6: SECTION A, B (if applicable) and C

Return completed packet to any Dubuque Community School OR the main district office at:

Dubuque Community School District
Human Resources Office
2300 Chaney Road
Dubuque, Iowa 52001

If you have questions about whether or not your background check has been completed, please contact the school you applied to volunteer OR the main district office by calling 563/552-3000.

Thank you again for your willingness to serve the students of the Dubuque Community School District.



NON-EMPLOYEE BACKGROUND CHECK

It is the policy of the Dubuque Community School District Board of Education to make every reasonable effort to provide a safe learning environment for students working with volunteers. Therefore, the District requires the following confidential information from volunteers who work directly with students or assist staff on a regular basis; supervise / chaperone students; or act as a primary authority figure. This packet must be completed and returned to the Human Resources office and the background check completed prior to beginning any volunteer experience.

SECTION A PLEASE ANSWER ALL QUESTIONS BELOW

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY (INCLUDE OWI, PUBLIC INTOXICATION, DEFERRED JUDGMENTS, ETC.)? [] YES [] NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN CONVICTED, OR HAD AN ADMINISTRATIVE FINDING, OF VIOLATING ANY LAW INVOLVING CHILD ABUSE, SEXUAL ABUSE, PHYSICAL ABUSE, SEXUAL HARASSMENT OR EXPLOITATION, OR ANY OTHER CRIME RELATED TO CHILDREN? [] YES [] NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN THE SUBJECT OF OR LISTED AS THE PERPETRATOR IN A FOUNDED CHILD ABUSE REPORT? [] YES [] NO

ARE YOU REQUIRED TO REGISTER AS A SEX OFFENDER WITH THE SEX OFFENDER REGISTRY? [] YES [] NO

DO YOU CURRENTLY HAVE CHARGES PENDING OR ARE THERE ANY ONGOING INVESTIGATIONS RELATING TO ANY OF THE AFOREMENTIONED? [] YES [] NO

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED FOR ANY REASON? (ANSWER TO BE USED IN DETERMINING VOLUNTEER DRIVERS) [] YES [] NO

NOTE: A "YES" answer to any of the questions listed above may require an interview with a District or School Administrator.

SECTION B NON-EMPLOYEE INFORMATION

LEGAL NAME » LAST: FIRST: MIDDLE:

MAIDEN / PREVIOUS OR OTHER NAME(S) USED:

ADDRESS: CITY: STATE: ZIP:

DAY PHONE: EVENING PHONE:

HAVE YOU VOLUNTEERED OR WORKED FOR THE DISTRICT IN THE PAST YEAR? [] YES [] NO

SCHOOL(S) IN WHICH YOU WISH TO MENTOR/VOLUNTEER (if applicable):

STUDENT(S) NAME (if applicable):

AREA(S) YOU WISH TO VOLUNTEER (mark all that apply)? [] CLASSROOM [] FIELDWORK / CHAPERONE [] MENTOR [] SCHOOL ACTIVITIES [] ATHLETIC EVENTS

DO YOU INTEND TO VOLUNTEER AS A DRIVER? [] YES [] NO

SECTION C AGREEMENT

By signing this form, I agree that should any of the above information change in the future, I shall contact the Dubuque Community School District Human Resources office immediately. I understand the falsification of any statement on this application could be cause for dismissal.

SIGNATURE

DATE

» PLEASE RETURN COMPLETED FORM TO the Dubuque Community School District Human Resources Office at 2300 Chaney Road, Dubuque, Iowa 52001 or to any Dubuque Community School. If you have questions, please call 563/552-3000.

OFFICE USE ONLY

DISTRICT EMPLOYEE REQUESTING RESULTS: PHONE EXTENSION: BUILDING:



AUTHORIZATION TO RELEASE CRIMINAL HISTORY DATA

SECTION A NON-EMPLOYEE INFORMATION

LEGAL NAME » LAST: _____ FIRST: _____ MIDDLE: _____

MAIDEN / PREVIOUS OR OTHER NAME(S) USED: _____

ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
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DATE OF BIRTH (mm/dd/yyyy): _____

SECTION B AUTHORIZATION

I hereby authorize any federal, state or local law enforcement agency, including but not limited to the Iowa Department of Public Safety and the Police Department of the City of Dubuque, to release to the Dubuque Community School District all criminal history data concerning myself. The term "criminal history data" as used in this authorization includes all arrest, conviction, disposition and correctional data.

SIGNATURE

DATE

OFFICE USE ONLY

COMPLETED REQUEST FOR REGISTRY INFORMATION - IOWA DEPARTMENT OF PUBLIC SAFETY (SEX OFFENDER REGISTRY ONLINE CHECK)

DATE: _____ NOT REGISTERED AT THIS DATE AND TIME REGISTERED - INFORMATION PROVIDED TO REQUESTER

COMPLETED REQUEST FOR CRIMINAL BACKGROUND HISTORY (IOWA COURTS ONLINE CHECK)

DATE: _____ NO ARREST RECORD TRAFFIC RECORD YES RECORD (see below or attached)

REQUESTER: Brian Kuhle, Chief Human Resources Officer



1. Complete **SECTION 2** only.
2. See www.dbqschools.org/volunteer for more information about this form.



Iowa Department of Human Services

Request for Child and Dependent Adult Abuse Information

Persons or agencies with authorized access to child or dependent adult abuse information must use this form to request information about a child or dependent adult abuse report. **Complete a separate form for each family or individual** and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify your type of request by checking the appropriate box below:

- Child abuse request
 Dependent adult abuse request
 Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address
 Fax
 Email

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

Requester: Last Kuhle	First Brian	Agency Name Dubuque Community School District	Telephone Number (563) 552-3005
Address 2300 Chaney Road			Fax Number (563) 552-3006
City Dubuque	State Iowa	Zip Code 52001	Email vethier@dbqschools.org
Relationship to the persons listed in Section 2 or 3: Chief Human Resources Officer			
Purpose for request: For the purpose of a volunteer or employment record check.			
State the Iowa Code section that allows access to the child or dependent adult abuse information requested: 235A.15			
I have read and understand the legal provisions for handling child or dependent adult abuse information which is printed on the second page of this form. I understand that this request will not be approved unless I have authorized access.			
Signature of Requester			Date

Complete Section 2 if the purpose of this record check is employment, licensing or registration, or payment approval.

Section 2: List the name and address of the person whose record is being checked.

Last	First	Middle	Birth Date	Social Security Number	
Address		City	County	State	Zip Code
List maiden name, any previous married names, and any alias:					

Complete Section 3 if the request is for a copy of the written summary of the abuse investigation or assessment.

Section 3: List the name of the persons for whom you are requesting information. Attach pages for additional family members.

Last	First	Middle	County	Birth Date	Social Security #
Address			City	State	Zip Code
List maiden name, any previous married names, and any alias:					

Section 4: Registry or designee decision.

- This request for information is approved.
 This request for information is denied because:

Signature of Registry or Designee

Date



PRE-NOTIFICATION OF BACKGROUND INQUIRY

I hereby acknowledge that this background inquiry likely will concern itself with any or all of the following: criminal history (if any), civil history (if any), driving record, reference checks, education history, and/or prior work history. I hereby authorize the **Dubuque Community School District**, or its agent, Per Mar Security Services to make any or all of these inquiries.

The **Dubuque Community School District** reserves the right to consider an inquiry of this type to be made at a future date, should you remain in our employ.

I hereby authorize any and all law enforcement agencies to release a copy of any arrest record that I may have to the **Dubuque Community School District**, or its agent, Per Mar Security & Research Corp. By doing so, I release any law enforcement agency and all individuals connected therewith from any and all liability.

A photocopy of this authorization and release shall be considered as effective and valid as the original.

I acknowledge that it is my responsibility to review the "Legal Provisions for Handling Child and Dependent Adult Abuse Information" as well as "A Summary of Your Rights Under the Fair Credit Reporting Act," both of which have been made available to me and are online at www.dbqschools.org/volunteer.

SECTION A NON-EMPLOYEE INFORMATION

LEGAL NAME » LAST:			FIRST:			MIDDLE:		
DATE OF BIRTH (mm/dd/yyyy):			SOCIAL SECURITY NUMBER:			GENDER: [] Female [] Male		
MAIDEN / PREVIOUS OR OTHER NAME(S) USED »								
NAME:			NAME:			NAME:		
DATE OF CHANGE:			DATE OF CHANGE:			DATE OF CHANGE:		

SECTION B PRE-NOTIFICATION OF BACKGROUND INQUIRY

Check one box:

a [] I have not lived outside the state of Iowa in the last seven years. If you checked this box, skip to the next section.

b [] I have lived outside the state of Iowa in the past seven years, therefore I hereby authorize the Dubuque Community School District to make the above background inquiry. If you checked this box, please complete the remainder of this section.

If you checked (b) above, please list COMPLETE addresses for the last seven years starting with the most current:

ADDRESS 1 (MOST CURRENT) »			ADDRESS 2 »			ADDRESS 3 »		
STREET:			STREET:			STREET:		
CITY:			CITY:			CITY:		
STATE:	ZIP:		STATE:	ZIP:		STATE:	ZIP:	
FROM (mm/yyyy): TO: Present Date			FROM (mm/yyyy): TO (mm/yyyy):			FROM (mm/yyyy): TO (mm/yyyy):		
ADDRESS 4 »			ADDRESS 5 »			ADDRESS 6 »		
STREET:			STREET:			STREET:		
CITY:			CITY:			CITY:		
STATE:	ZIP:		STATE:	ZIP:		STATE:	ZIP:	
FROM (mm/yyyy): TO (mm/yyyy):			FROM (mm/yyyy): TO (mm/yyyy):			FROM (mm/yyyy): TO (mm/yyyy):		

SECTION C AUTHORIZATION

SIGNATURE

DATE