



**Iowa Veterans Home
Volunteer Services
1301 Summit Street
Marshalltown, IA 50158-5485
641/753-4406**

VOLUNTEER APPLICATION

NAME: _____ ORGANIZATION: _____
 ADDRESS: _____ HOME PHONE: (____) _____
 _____ WORK PHONE: (____) _____
 E-MAIL: _____ CELL PHONE: (____) _____

REFERENCES: List three people who know you well (non-family members).

Name	Address	Phone No.
		(____) _____
		(____) _____
		(____) _____

Interests, skills, hobbies: _____

Health or physical limitations: _____

AVAILABILITY:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I would like to participate () Daily () Weekly () Monthly () On Request

Have you had any experience in volunteer work? () Yes () No

If yes, where and what type _____

Are you applying for a particular position? () Yes () No

If yes, what position/s? _____

In case of emergency, who may we call?

Name: _____ Phone: (____) _____

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

In the case of a volunteer who is a minor - I give my permission for my child to do volunteer work for the Iowa Veterans Home.

Parent/Guardian's Signature: _____ Date: _____

Iowa Veterans Home
Marshalltown, Iowa 50158

**CRIMINAL CONVICTION, FOUNDED CHILD/DEPENDENT
ADULT ABUSE REPRESENTATION STATEMENT**

Applicant's Name _____ Date _____
Last name First name Full Middle

Maiden Name _____ All other last names _____

Social Security # _____ Date of Birth _____

Sex: Male _____ Female _____

Position Applied for _____

State law requires that the Iowa Veterans Home conduct record checks to determine whether anyone involved in direct responsibility for residents or who could have access to a resident when the resident is alone (including but not limited to prospective employees, current employees, volunteers, or students) has been convicted of a crime or has had a founded child abuse report. The institutions are also permitted to determine whether employees have a founded dependent adult abuse report. The information obtained through the record check is considered confidential pursuant to Iowa Code Section 22.7.

Before employment or placement and subsequent to employment or placement, it is the policy of the Iowa Veterans Home to obtain from the Division of Criminal Investigation, Criminal Record Files and the Iowa Central Abuse Registry a record of any verified report of criminal convictions, child or dependent adult abuse. The same information from comparable files in other states may be sought. Verified reports of criminal conviction, or child abuse or dependent adult abuse may constitute grounds for dismissal or being dropped from further consideration for employment with the Iowa Veterans Home.

As an applicant for employment or placement, you must answer the following statements:

YES NO I have a criminal conviction or deferred judgment on record.

YES NO I have a founded child or dependent adult abuse on record.

I understand that should investigation disclose any misrepresentation, I may be dismissed from employment or placement or dropped from further consideration for employment or placement with no right of appeal or claim of any kind.

Applicant's signature

Street Address

City, State, Zip Code