



# STORY COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION

Applications must be typewritten or **clearly printed** in ink. All questions must be answered, if not applicable, indicate N/A (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number the sheets to correspond with the questions.

Opportunities for volunteers are provided without unlawful discrimination because of race, creed, religion, color, sex, sexual orientation, gender identity, age, national origin or disability.

Last Name	First	Middle
Street Address	Are you at least 18 years of age?  Yes ____ No ____	
City/Town	State	Zip Code
Position you are applying for:  <p style="text-align: center;"><b>Volunteer</b></p>		Contact Information:  Cell Phone: (    )
Organization you are associated with _____ (i.e.: name of religious affiliation, jail visitation, Life Skills, AA, etc.)		E-mail Address:  Other:
<p><b>Volunteer Preference:</b> <input type="checkbox"/> Citizens Academy    <input type="checkbox"/> Firing Range    <input type="checkbox"/> Clerical    <input type="checkbox"/> Jail Visitation</p> <p><input type="checkbox"/> Al. Anon    <input type="checkbox"/> Narc Anon    <input type="checkbox"/> Gideon's    <input type="checkbox"/> Religious Services    <input type="checkbox"/> Catholic Services</p> <p><input type="checkbox"/> Other            Please list religious affiliation name: _____</p>		

### SCSO STAFF USE ONLY

Background Completed by: _____	Date Completed: _____
Criminal History Reviewed by: _____	Date Reviewed: _____
Recommendation: ____ Yes ____ No    By: _____	
Division Commander Approved: _____	Date Approved: _____

Please list two references: (please do not list relatives)

Complete Name _____ Occupation _____ How long have you known them _____ years. How acquainted:	Address: _____ Home Phone: _____ Cell Phone: _____ Work Address/Phone: _____ E-mail Address: _____
Complete Name _____ Occupation _____ How long have you known them _____ years. How acquainted:	Address: _____ Home Phone: _____ Cell Phone: _____ Work Address/Phone: _____ E-mail Address: _____

Current/Most Recent Employer:  Telephone #: ( )	Dates:	
	From:	To:
Address:	Job Title:	Describe your duties:
City, State, Zip Code	Supervisor's Name:	Reason for leaving:
Past Employer:  Telephone #: ( )	Dates:	
	From:	To:
Address:	Job Title:	Describe your duties:
City, State, Zip Code	Supervisor's Name:	Reason for leaving:
		Pay level per year:

List chronologically all of your residences for the last 5 years (include addresses while attending school if away from home and military address including off base housing)

Dates:		Street Address (include any Apartment or Lot Numbers)	City	State
From:	To:			

Have you ever been a volunteer before? ___ Yes ___ No (If yes please list where and duties performed)	Volunteered: From:(dates)	To: (dates)
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List any professional, trade groups, organizations, machinery/tools operated in past, or special skills or interests you have that you consider relevant to your ability to perform this job:

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Have you ever been convicted of any crime including traffic violations? (For purposes of this question, convicted includes plead guilty, plead no contest, been given a deferred sentence of judgment or found guilty by a Judge or Jury.) Yes \_\_\_ No \_\_\_

List each crime/violation, the date of the offense, and the disposition:

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**Note:** A conviction will not automatically disqualify a volunteer applicant. The type and seriousness of the crime, the frequency of violations, the date of conviction, and the applicant's entire work and educational history will be considered.

Can you perform the requirements of this job with reasonable accommodations? Yes No

**I understand:**

That in connection with the application process, Story County will conduct a background investigation and request information from my past employers, education institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may also include but is not limited to any criminal records and motor vehicle driving records. I have read Story County's Applicant Background and Investigation Policy, which I fully understand and which indicates that if Story County utilizes the services of a consumer reporting agency, Story County follows the provisions of the Fair Credit Reporting Act and will provide a notice to the applicant and request a separate Release of Information form from the applicant.

That use of illegal drugs is prohibited and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I agree that Story County shall be entitled to receive full and complete reports and records governing any alcohol or drug screening, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to this organization full and complete reports and records covering such examinations.

That if I sustain any injury or illness while in the position of a volunteer with this organization, I agree that Story County shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to Story County full and complete reports and records covering such examinations, condition, care and treatment related to or resulting from the alleged illness or injury.

As a volunteer I will comply with all rules and policies of the organization. I agree to be responsible for the organization's property and equipment issued to me by the organization until returned by me. I agree to pay for property and equipment not returned.

**Smoking Ban Notice:**

Volunteers with Story County are advised that smoking is banned by state law (Iowa Code Chapter 142D) on all County grounds and in all County facilities which includes motor vehicles and equipment.

I have provided complete and truthful information to Story County regarding all sources of information, I have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application.

I have carefully read all the statements regarding requests, authorizations, consents and releases and have voluntarily agreed to the terms to assist Story County in evaluating my qualifications for volunteer and in meeting the business necessity of enlisting honest, trustworthy, reliable and non-violent volunteers who do not pose a risk of serious harm in the workplace.

I understand that with the exception of any credit or investigative reports under Fair Credit Reporting Act, all information and documents generated, received or maintained by Story County during, or as a result of, its investigation will be maintained as confidential information.

**Affidavit:**

I declare that, to the best of my knowledge and belief, the information I provided herein is true and correct and complete.

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Signature of Applicant:

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Date:

# STORY COUNTY SHERIFF'S OFFICE BACKGROUND & INVESTIGATION RELEASE FORM

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Story County to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Story County from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Story County to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment. **I will also provide a copy of my driver's license for your files.**

Full Name: \_\_\_\_\_  
(please print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **NOTICE OF APPLICANT BACKGROUND CHECKS AND VOLUNTEER INVESTIGATIVE POLICY**

Story County recognizes the importance of maintaining a safe workplace with employees/volunteers who are honest, trustworthy, qualified, reliable and non-violent, and do not present a risk of serious harm to their co-employees or others. For purposes of furthering these concerns and interests, before hiring an individual, Story County reserves the right to investigate the individual's prior employment history, personal references and educational background, as well as other relevant information that is reasonably available to Story County. In volunteering for certain positions, Story County may review an applicant's credit report and criminal background, if any.

If Story County utilizes the services of a consumer reporting agency, the Company follows the provision of the Fair Credit Reporting Act and will provide a notice, and request a separate release of information form. Consistent with legal requirements, Story County reserves the right to exclude any volunteer applicant from consideration, where the applicant refuses to sign the release form as requested.

In addition, Story County may occasionally find it necessary to investigate current volunteers where behavior or other relevant circumstances raise legitimate questions concerning work performance, reliability, honesty, trustworthiness, or potential threat to the safety of co-employees or others. Volunteer investigations may, where appropriate, include credit reports and investigation of criminal records, including appropriate inquiries about any arrest for which the Volunteer is out on bail. Volunteers subject to such investigations are required to reasonably cooperate with Story County's lawful efforts to obtain relevant information, and may be discharged from their volunteer duties for failure to do so.

All employees are strongly encouraged to immediately report any incidents of potentially threatening, harmful or criminal behavior of employees, supervisors, customers, clients, co-volunteers or visitors that may negatively affect the safety, security, productivity or financial interests of Story County or its workplace to Human Resources.

Story County Sheriff's Office along with Story County's separate policies regarding County Property, Security, Privacy and Searches, and its Drug-Free Workplace Policy, provide further information about Story County's discretion to investigate volunteers.

# STORY COUNTY SHERIFF'S OFFICE INFORMATION NEEDED FOR BACKGROUND CHECK

(Will be kept by Story County Admin Division with the application in the secure personnel records file)

In order to conduct a background check, the Sheriff's Office requests the following information:

Legal Name \_\_\_\_\_

Other name (s) used: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN#: \_\_\_\_\_

List all states you have lived in since the age of 16: \_\_\_\_\_

\_\_\_\_\_

Please list any family or friends on the Staff of the Story County Sheriff's Office:

\_\_\_\_\_

\_\_\_\_\_

If the job requires, do you have the appropriate valid driver's license? Yes      No

DL#: \_\_\_\_\_ Type: \_\_\_\_\_ State of License: \_\_\_\_\_

Are there any incidents in your life not mentioned herein which may reflect on your ability to perform the duties which you may be called upon to undertake? \_\_\_\_ Yes \_\_\_\_ No (If yes please you may use space available or attach a copy of your reason to this form)