DATE:_____/_____/_____

Clay County Pals

P.O Box 601 ◆ Spencer, Iowa 51301

Adult Volunteer Information

Mentor Applicant's Name:_____

Date of Birth: _____/_____/_____ Sex: ❑ Male ❑ Female

Address:_____

City:_____State:_____Zip Code:_____

Home or Cell Phone Number:_____Business Phone Number:_____

Email address:_____

Social Security Number: (*For Iowa Department of Human Services*)_____/_____/_____

Name of Spouse:_____

Children's Names and Ages:_____

_____

Employer:_____Job Title:_____

Length of employment at current job:_____May you be contacted at work? ❑ YES ❑ NO

Education Level Completed:_____Degree/Major:_____

How long have you lived in Clay County:_____Previous Location:_____

Do you have a driver's license? ❑ YES ❑ NO

Do you own or access to a car? ❑ YES ❑ NO

Describe any health limitations you may have:_____

Drug and alcohol - past or current problems: _____

Do you have a police record? ❑ YES ❑ NO If yes, explain:_____

_____

Have you ever been investigated for child abuse or sexual abuse? ❑ YES ❑ NO

Clubs or organizations you're involved:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Your interests and hobbies:

_____ _____
_____ _____
_____ _____
_____ _____

Describe the boy or girl you would like for a PAL:_____
_____
_____

Indicate your age preference: 1st, 2nd, 3rd and 4th choice:

6-7 years:_____ 8-10 years:_____ 11-13 years: _____14-16 years:_____No Preference:_____

How much time do you feel you can spend with your PAL?_____
(We encourage mentors spend time with their PAL twice a month, if possible.)

Are you willing to commit yourself to the program for at least one year? ❑ YES ❑ NO

Have you been involved in a similar program before? ❑ YES ❑ NO

How did you hear about the PALS program?_____

Why do you want to participate in this program? _____
_____

Additional information or comments: _____
_____

◆ ◆ ◆

REFERENCES OTHER THAN FAMILY:

(This is a mandatory portion of the application process, as three references are necessary to participate as a mentor.)

Name:_____Relationship:_____
Email Address: _____Phone:_____

Name:_____Relationship: _____
Email Address: _____Phone:_____

Name:_____Relationship: _____
Email Address: _____Phone:_____

◆ ◆ ◆

I certify that the above is true and correct. By my signature, I authorize the Clay County PALS Program to verify all above information.

_____
PALS Adult Applicant Signature

Clay County Pals

Investigation and Insurance Waiver

As an applicant to participate in the Clay County Pals Program, the undersigned understands that all information gathered will be used and persons will be contacted for the purposes of a background investigation required by the Pals Program. I do hereby authorize said investigation and waive any objections thereto. Further, the undersigned understands that all applicants for participation in the program must be carefully screened and that inquiry may be made including, but not limited to, my employment background, character, general reputation, personal characteristics, criminal record and general health.

I further understand that all information gathered will be kept confidential and will be used only for the purposes of screening applicants for participation in the Cay County Pals Program.

My signature herby authorizes all Clay County law enforcement agencies to undertake an investigation into my background for the purpose outlined above. I hereby waive any right to written or verbal notice of the disclosure of information made by any person. I also understand that any and all information made available to law enforcement agencies will also be made available to me by said law enforcement agency upon my request.

I enter into the Clay County Pals Program with the understanding that the Clay County Pals does not carry its own insurance and that the Clay County Pals organization or its Board of Directors will not be held liable in case of accident or injury while participating are taking part in the Clay County Pals Program, including group events or match activities.

I also understand that the Clay County Pals Program recommends each volunteer adult PAL be responsible for their own personal liability insurance.

_____

Signature of Adult PAL Applicant

_____

Date

Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested 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 which abuse registry you are requesting by checking the appropriate box below:

☒ Child Abuse Registry ☐ Dependent Adult Abuse Registry ☐ 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	First	Agency Name	Telephone Number
Christensen,	Susan	Clay County PALS	(712) 260.1595
Address: P.O. Box 601			Fax Number: ( )
City: Spencer	State: Iowa	Zip Code: 51301	Email: pals.susanchristensen@gmail.com

List the name and address of the person whose information is being requested:

Name (last, first, middle)		Birth Date	Social Security Number	
Address	City	County	State	Zip Code

List maiden name, previous married names, and any alias:

What is the purpose of your request for child or dependent adult abuse information?
Background check for mentor volunteer in Clay County PALS organization.

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requestor	Date

Section 2: ***To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.***

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date

Section 3: ***To be completed by the Central Abuse Registry or designee.***

☐ The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.

☐ The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.

☐ The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

☐ The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

☐ This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date

Comments