

LINK ASSOCIATES

4301 NE 14th St
Des Moines, Iowa 50313
515-262-8888

Dear Volunteer Applicant:

Enclosed is everything needed to complete your application for volunteering at Link Associates. We are anxious to meet with you and share the vast volunteer opportunities our agency has to offer. To process your application, the following must be completed and/or occur:

1. The highlighted areas on EACH form must be completed and signed.
2. Volunteering at Link Associates is contingent upon:
 - a. Link receiving two (2) acceptable references; one personal (no relatives) and one employers/school/volunteer supervisor (*please fill out all three reference forms to ensure we receive the minimum of two*)
 - b. An acceptable background check including abuse and criminal records
 - c. An acceptable driving record (*under aged youth are exempt from this requirement*)

We thank you for your interest in volunteering at Link Associates.
Please do not hesitate to call 262-8888 with any questions you may have
about the application, process, or Link Volunteer Program.

We look forward to meeting with you soon.

Thank you for choosing to make a difference in someone's life!

Iowa Department of Human Services
REQUEST FOR ADULT ABUSE REGISTRY INFORMATION

To request information about dependent adult abuse, complete this form and mail it to:

Central Abuse Registry, Iowa Department of Human Services, 1305 E. Walnut, Des Moines, Iowa 50319-0114

Note: Information will be released only to people who have access to it under Iowa Code section 235B.6

Criminal Penalties (235B.12)

1. Any person who willfully requests, or seeks to obtain dependent adult abuse information under false pretenses, or who willfully communicates or seeks to communicate dependent adult abuse information to any agency or person except in accordance with section 235B.6 and 235B.8, or any persons connected with any research authorized pursuant to section 235B.6 who willfully falsifies dependent adult abuse information or any records relating thereto, is guilty of a serious misdemeanor. Any person who knowingly, but without criminal purposes, communicates or seeks to communicate dependent adult abuse information except in accordance with section 235B.6 and 235B.8 shall be guilty of a simple misdemeanor.
2. Any responsible grounds for belief that a person has violated any provision of this chapter shall be grounds for the immediate withdrawal of any authorized access such person might otherwise have to dependent adult abuse information.

Redissemination of Dependent Adult Abuse Information (235B.8)

1. A recipient of dependent adult abuse information authorized to receive the information shall not redisseminate the information, except that redissemination shall be permitted when all of the following conditions apply:
 - a. The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
 - b. The person to whom such information would be redisseminated would have independent access to the same information under section 235b.6
 - c. A written record is made of redissemination, including the name of the recipient and the date and purpose of the redissemination.
 - d. The written record is forwarded to the registry within thirty days of the redissemination.

Name of the person making request:		Office phone:	
Office address:			
Position and basis for authorization (Code 235B.6):			
Information requested concerning (name – first, middle, last):		Social security number:	Birth date:
Maiden name or alias (if applicable):	Address:		
What information is requested:			
Date	Signature		
To be completed by Registry personnel			Date
<input type="checkbox"/> Request approved by:			
<input type="checkbox"/> Request denied because:			
Information released:			

AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child 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 about whom information is requested. Send both copies to the Central Abuse Registry, Iowa Department of Human Services, Hoover Building, Fifth Floor, Des Moines, Iowa 50319-0014. Fax: 515-2426884.

PART A: To be completed by the person requesting information.

1.	Requestor Link Associates			
	Address 4301 NE 14 th St.			
	City Des Moines	State Iowa	Zip Code 50313	Phone Number (515) 262-8888
2.	The information concerns: Name (first, middle initial, last):			
	Maiden Name or Alias (if applicable):		Birth Date	Social Security Number
	Address:			
3.	City:	State:	Zip Code	County
4.	What is the purpose of your request for child abuse information? Volunteer at Link Associates			
	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Signature:		Date:	

PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.

I understand that my signature authorizes the requestor to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15): To the best of my knowledge, all or part of the information contained in Part A of this form is correct.

Signature:	Date:
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PART C: To be completed by the Central Abuse Registry or designee

1. The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.
2. The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.
3. This request for information is denied because fir form is incomplete.

Signature:	Date:
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Comments:

LEGAL PROVISIONS FOR THE HANDLING OF CHILD ABUSE INFORMATION**Redissemination of Child Abuse Information (Iowa Code 235A.17)**

A person, agency, or other recipient of child abuse information shall not redisseminate this information. However, redissemination is permitted when all of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code Section 235A.15.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code 235A.21)

- ◆ Any person is guilty of a criminal offense when the person:
 - Willfully requests, obtains, or seeks to obtain child abuse information under false pretense.
 - Willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code Sections 235A.15 and 23S:A.17.
 - Is connected with any research authorized pursuant to Iowa Code Section 235A.15 and willfully falsifies child abuse information or any records relating to child abuse.
- ◆ Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.
- ◆ Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 235A.17 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense:
- ◆ Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapter 235A shall be grounds for the immediate withdrawal of any authorized access that the person might otherwise have to child abuse information.

Authorization for Release of Dependent Adult Abuse Information

This form must be used to authorize release of dependent adult abuse information when the person requesting the information does not have independent access to it in Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 1305 E Walnut Street, 5th Floor, Des Moines, IA 50319-0114 or fax to 515-242-6884.

To be completed by the person requesting information:

Requester			
Address			
City	State	Zip Code	Phone Number

The information concerns:

Name (first, middle initial, last)			
Maiden Name or Alias (if applicable)	Birth Date	Social Security Number	
Address			
City	State	Zip Code	County

What is the purpose of your request for dependent adult abuse information?

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

Signature	Date
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To be completed by the person authorizing the Department of Human Services to release dependent adult abuse information:

Signature	Date
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To be completed by the Central Abuse Registry or designee:

- The person named above is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person named above 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	Date
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Comments:

Legal Provisions for the Handling of Dependent Adult Abuse

Redissemination of Dependent Adult Abuse Information, Iowa Code 235B.8

A person, agency, or other recipient of dependent adult abuse information shall not redisseminate this information. However, redissemination is permitted when all of the following conditions apply:

- The redisseminations is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code section 235B.6.
- A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- The written record is forwarded to the Registry within 30 days of the redissemination.

Criminal Penalties, Iowa Code 235B.12

Any person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain dependent adult abuse information under false pretense.
- Willfully communicates or seeks to communicate dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235B.6 through 235B.8.
- Is connected with any research authorized pursuant to Iowa Code section 235B.6 and willfully falsifies dependent adult abuse information or any records relating to dependent adult abuse.

Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.

Any person who knowingly, but without criminal purposes, communicates, or seeks to communicate dependent adult abuse information except in accordance with Iowa Code sections 235B.6 and 235B.8 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.

LINK ASSOCIATES

Request for Confirmation of Driving Record

Date of Request: _____

Applicant / Employee: _____

Social Security No: _____

Driver's License No: _____ State: _____

Expiration Date: _____

I, _____, give my permission for Link Associates to verify my driving record with the Iowa Department of Transportation.

Applicant / Employee

Department Head

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Results / Comments:

Date

Safety/ Transportation Administrator