Dallas County Conservation Board
14581 K Avenue
Perry IA 50220
515-465-3577

Volunteer Application

General Information:

Name _____
Last Name First Name Middle Name or Initial

Home Address _____

City _____State_____Zip_____ , _____

Telephone Number_____ Email_____

Mailing Address_____

City_____ State_____Zip_____ , _____

Emergency Contact _____
Name Phone Number

Employer _____ Phone Number _____

Description of work to be performed:

I hereby volunteer my services as described above to assist the Dallas County Conservation Board and understand that I will not receive any compensation.

_____ _____
Signature of Volunteer Date

_____ _____
Signature of parent or guardian Date
For volunteer under 18 years of age

The Dallas County Conservation Board agrees, while this arrangement is in effect, to provide such materials, equipment and facilities as are available and needed to perform the work described above.

_____ _____
Department Supervisor Signature Date

STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A

ACCOUNT NUMBER_____

TO: **Iowa Division of Criminal Investigation**

215 E. 7th Street
Corner of E. 7th and Court
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 (fax)

FROM: Human Resources
DALLAS COUNTY
801 Court St.
Adel IA 50003

Phone # (515) 993-1751
Fax # (515) 993-5820

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

REQUEST

_____	_____	_____
Last Name (mandatory)	**First Name** (mandatory)	**Middle Name** (recommended)
_____/_____/_____	_____	_____-_____-_____
Date of Birth (mandatory)	**Sex** (mandatory)	**Social Security Number** (recommended)

_____
Signature of Requester

There is a separate Form "A" required for each last name submitted

(DCI Use Only)

RESULTS

As of _____, a Name and date of birth check revealed:

CCH record attached ☐ **No CCH record found** ☐

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

_____	_____
Signature	**Date**

Form No. 595-1489 (4/99)

UNDERWRITING

Nonstatutory Volunteer Coverage Application

This application is to be completed by the department supervisor for each volunteer before beginning work. A copy must be sent to IMWCA. Please retain a copy for your records.

Date_____

Entity name_____

Volunteer name_____

Social security number_____

Volunteer assignment_____

Date assigned_____

Date completed_____

Supervisor should review the following with each volunteer:

- ❑ Safety rules and enforcement procedure
- ❑ Proper use of tools and equipment
- ❑ Proper work shoes and other personal protective equipment
- ❑ Special hazards of assignment
- ❑ Department emergency procedures

Additional comments/notes_____

_____

_____

_____

Department supervisor's signature Date

I certify that I have reviewed all of the above safety policies and procedures with the department supervisor and acknowledge receipt of a copy of this application.

_____

Volunteer's signature Date

Release and waiver of liability

The undersigned acknowledges and agrees as follows:

A. The undersigned has offered to provide certain work or services to the Member and the status of the undersigned while performing such work or services is that of a nonstatutory volunteer (hereinafter "volunteer").

B. The volunteer is not considered an employee of the Member and is not entitled to any benefits under the Iowa Compensation Law for injury incurred while providing work or services regardless of the cause of the injury.

C. The Member has purchased a limited amount of excess coverage insurance to cover any medical expenses incurred by the volunteer as a result of injury incurred while the volunteer is providing such work or services, and the payment of these medical expenses is to be made in accordance with the terms of the *Description of Benefits* set out in this application.

D. The volunteer specifically waives the right to any other benefits, reimbursements or damages as a result of injuries which the volunteer may incur while providing such work or services.

E. The volunteer specifically releases, waives and covenants not to sue the Member and or IMWCA for injury or death caused by the negligence of other volunteers or of officers, agent representatives or employees of the Member which may occur while the volunteer is performing such work or services for the Member.

The undersigned has read and voluntarily signs the release and waiver of liability and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

_____

Volunteer's signature Date

Mail this form to:
IMWCA, PO Box 93688, Des Moines, IA 50393-3688

Conservation Volunteers

Please Keep Record of Volunteer Service

Name

Date	Description of Work	Hours

Sue Whitney
Dallas County Conservation Board
14581 K Avenue
Perry IA 50220
OR: email - suewdallas@iowatelecom.net

THANK YOU FOR VOLUNTEERING FOR DALLAS COUNTY CONSERVATION!