

Freedom Foundation Volunteer Self-Disclosure Statement

Current First _____ Middle _____ Last _____

Address: _____ City: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Any previous names or aliases by which you have been known:

Volunteer Disclosure Statement

It is the policy of the Freedom Foundation Board of Directors to make every reasonable effort to provide a safe environment for all staff and clients working with volunteers. Therefore Freedom Foundation requires the following information:

1. Have you ever been convicted of a felony? Yes _____ No _____
2. Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime?

Yes _____ No _____

3. Do you currently have charges pending relating to any of the above?

Yes _____ No _____

A "YES" answer requires an explanation:

If needed, use the backside of this form for additional space

I verify that all information on this form is accurate:

Signature _____ Date _____



Waiver Agreement and Statement

For Criminal History Record Checks under the National Child Protection Act
of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA)

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (**Name of Qualified Entity**) The Freedom Foundation
to submit a set of my fingerprints and this form to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and national criminal history records that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Iowa and/or national criminal history record that may pertain to me to the qualified entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the NCPA/VCA.

I understand that, until the criminal history record check is completed, the qualified entity may choose to deny me unsupervised access to children, elderly or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history record check, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as an employee, volunteer, contractor or subcontractor.

I ☐ **have** OR ☐ **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I am a current or prospective (check one): ☐ Employee ☐ Volunteer ☐ Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____ Fax: _____

Entity Assigned OCA: _____

Please retain all signed waivers on file for future reference.