



# Volunteer Application

Thank you for your interest in volunteering with Booster Pak. To make every responsible effort to provide a safe environment for our volunteers and the students we serve, Booster Pak requires the following information:

School: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address/Apartment #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact/Phone: \_\_\_\_\_

## Volunteer Disclosure Statement

Other than a minor traffic violation, have you ever been convicted\* or any crime, misdemeanor or felony?  
 Yes  No

If yes, list date & description of violation: \_\_\_\_\_

\*The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication and an adjudication of guilt or delinquency as a minor. Note: Convictions will not necessarily bar you from service as a volunteer. We will consider the number, nature seriousness and recency of the convictions in making our decision.

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 related to children?  
 Yes  No

Do you currently have charges pending relating to child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?  
 Yes  No

Are you now, or have you ever been, listed on the sexual offender registry, child abuse registry or adult abuse registry?  
 Yes  No

Any "yes" answer requires a more in-depth interview with a Booster Pak Administrator and may also require the applicant to sign a waiver giving Booster Pak permission to conduct an Iowa criminal history record check.

Booster Pak reserves the right to conduct random background investigations of volunteers who have not answered "yes" to any of these questions. If a volunteer is selected for a random background investigation, the volunteer will be required to sign a waiver giving Booster Pak permission to conduct the investigation.

The information provided above is accurate and complete.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Volunteer: \_\_\_\_\_

### Driver & Liability Statement

Volunteer drivers using their own personal vehicle for an authorized assignment must:

- \_\_\_ be at least 21 years old,
- \_\_\_ have a current valid Iowa driver's license, and
- \_\_\_ proof of automobile liability insurance coverage

Volunteers must also comply with the following Iowa laws and district requirements:

\_\_\_ No more than three (3) people 13 years old or older can be seated in the front seat. No passenger shall ride in such a position as to obstruct the driver's view or interfere with the driver's control of the vehicle.

\_\_\_ The driver and all vehicle passengers, regardless of whether they are seated in the front or back seats, are required to wear safety belts, unless a person is otherwise exempted by law from wearing a seatbelt.

If a volunteer is acting within the scope of his/her duties for Booster Pak, Booster Pak's automobile insurance policy will provide coverage for negligence for bodily injury and property damage caused by the volunteer's negligence.

Under no circumstances will Booster Pak's automobile insurance policy provide coverage for the physical damage to the vehicle owned and/or operated by the volunteer.

I have read the above information concerning safety laws and Booster Pak's requirements for volunteer drivers. I certify by my signature below that I meet and shall comply with all state safety laws and Booster Pak's requirements for volunteer drivers.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Volunteer: \_\_\_\_\_

### Confidentiality Statement

Volunteers are expected to maintain the confidentiality of students and program participant's information. This expectation is crucial to the safety and well being of every person in our program. If you have a concern or suggestion regarding a child, please discuss it with Melanie Menken (515 657 7582 or [boosterpak@boosterpak.org](mailto:boosterpak@boosterpak.org)).

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Volunteer: \_\_\_\_\_

Please submit this completed form to [boosterpak@boosterpak.org](mailto:boosterpak@boosterpak.org)  
Or mail to Booster Pak, PO Box 71221, Clive IA 50325

**Thank you for volunteering!**