



## FAMILY MINISTRY VOLUNTEER APPLICATION

### Permission to Obtain a Background Check

- |                                     |                                  |   |
|-------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Wee Kids   | <input type="checkbox"/> theRock | <input type="checkbox"/> Cedar Falls Campus |
| <input type="checkbox"/> Kidventure | <input type="checkbox"/> theRoad | <input type="checkbox"/> Waterloo Campus    |
| <input type="checkbox"/> FX         |                                  | <input type="checkbox"/> Osage Campus       |

Name \_\_\_\_\_  

First
Middle
Last

Other Names Used (alias, maiden, nickname) \_\_\_\_\_

Current Address \_\_\_\_\_  
Street/P.O. Box

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City State Zip Code County Dates

Former Address \_\_\_\_\_  
Street/P.O. Box

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City State Zip Code County Dates

Have you lived in another state besides Iowa?  Yes  No If yes, what state? \_\_\_\_\_

Social Security Number \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Email \_\_\_\_\_

I, the undersigned applicant (also known as "consumer"), authorize **Prairie Lakes Church** to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **Prairie Lakes Church**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* Please fill out your personal information on the back and sign the waiver release. \*\*\*

**OFFICE USE ONLY**

Staff Coordinator _____	ICO _____
<small>Name</small> <small>Date</small>	ISOF _____
Website Review _____	NSOF _____



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: 4515-FC  
(if applicable)

**To: Iowa Division of Criminal Investigation**  
**Support Operations Bureau, 1<sup>st</sup> Floor**  
**215 E. 7<sup>th</sup> Street**  
**Des Moines, Iowa 50319**  
**(515) 725-6066**  
**(515) 725-6080 Fax**

**From: Prairie Lakes Church**  
1907 Viking Road  
Cedar Falls IA 50613

**Phone: 319-266-2655, x113**

**Fax: 319-266-5528**  
**George M. Wessel, Finance Director**

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Waiver Information:** Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

**Waiver Release:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

*Waiver Signature:* \_\_\_\_\_

<h3 style="margin: 0;"><u>Iowa Criminal History Record Check Results</u></h3>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	