

Background Check Request Form for ISU Volunteers

Volunteer

Opportunity Name

(type or print): _____ **Start Date/ End Date:** _____

Name of Volunteer

Supervisor: _____ **Email Address:** _____

Department/Unit: _____

Volunteer Supervisor Completes					To be completed by ORM				
Last Name	First Name	M.I.	Email Address	Interaction Codes* P/S/O/I/C/D	Type of Background Check	Date of Background Check	Approved for youth or vulnerable populations	Drivers-MVR check approval status	Volunteer Approval

***Codes to enter for "interaction with youth" column (enter all codes applicable for each individual)**
 P: public/group setting responsibilities only [National Sex Offender Registry (NSOR) check only]
 S: supervisory responsibilities for youth participants or youth programs (NSOR & *Criminal Record Check)
 O: overnight supervision of youth (NSOR & *Criminal Record Check)
 I: individual, unsupervised, or one-on-one situations with youth (NSOR & *Criminal Record Check)
 C: physical contact with youth (i.e. sports, dance, etc.)(NSOR & *Criminal Record Check)
 D: driving responsibilities for youth participants (requires motor vehicle record check)
 Submit completed form to: Office of Risk Management (ORM); 3618 Administrative Services Building OR; orm@iastate.edu . Background checks must be submitted a minimum of 3 weeks prior to the start date for the volunteer. Volunteers cannot start until background checks are completed. If you have questions, please call ORM at 515-294-7711 or email us at orm@iastate.edu