



Sitters List for Parents Sitter Application

To be included on the Sitters List, please fill out and return this application to the YWCA Ames-ISU. References must be made available for a potential client. Wages are negotiated between you and your client.

Name _____ Date _____

Address _____

Phone Number _____ E-mail _____

Are you a student? Yes No Do you have a vehicle? Yes No
Age: _____

Learn more about the YWCA at
www.ywca.org/amesiowa

Are you a registered or license daycare/childcare provider? Yes No
If yes, please describe.

Return forms to:
YWCA Ames-ISU
210 Lab of Mechanics, ISU
Ames, IA 50011

Who are you willing to sit?

Newborns Infants Children Physically Challenged Other _____

When are you available to sit?

Days Evenings Weekends Vacations Other _____

What semesters are you interested in being included on the list? Summer '09 Fall '09 Spring '010

Do you speak more than one language? Yes No

If yes, what languages do you speak? _____

Additional comments/skills:

Please list the names, addresses and telephone numbers of three non-family member references who have directly observed you as a caregiver.

| Name | Address | Phone# |
|------|---------|--------|
| | | |
| | | |
| | | |

We do a routine criminal record, child abuse and sex offender investigation on persons applying to be included on the Sitter's List for Parents. This information will be kept confidential and will be destroyed at the end of your association with the organization. If the investigations are not clear, you will be notified and not included on the Sitter's List for Parents. Your signature below indicates your understanding of this policy.

Signature: _____ Date: _____

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

| | |
|---|--|
| TO: Iowa Division of Criminal Investigation Bureau of Identification, 1st Floor 215 East 7th Street Des Moines, Iowa 50319 (515) 725-6066 (515) 725-6080 (fax) | ACCOUNT NUMBER _____ FROM: YWCA Ames-ISU 210 Lab of Mechanics Ames, IA 50011 _____ Phone # 515.294.1663 Fax # 515.294.8627 |
|---|--|

**Complete
Line 1 & 2**

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.

Sign Here

| | |
|---------------------------|----------------------|
| _____ Signature | _____ Date |
|---------------------------|----------------------|

AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 1305 E Walnut Street, Fifth Floor, Des Moines, Iowa 50319-0114.

PART A: To be completed by the person requesting information.

| | | | | |
|----|--|--------------------|--------------------------|---|
| 1. | Requester YWCA Ames-ISU | | | |
| | Address 210 Lab of Mechanics, ISU | | | |
| | City Ames | State IA | Zip Code 50158 | Phone Number (515) 294.1663 |
| 2. | The information concerns: | | | |
| | Name (first, middle initial, last) | | | |
| | Maiden Name or Alias (if applicable) | | Birth Date | Social Security Number |
| | Address | | | |
| | City | State | Zip Code | County |
| 3. | What is the purpose of your request for child abuse information? Working with children | | | |
| 4. | I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form. | | | |
| | Signature | | | Date |

PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

PART C: To be completed by the Central Abuse Registry or designee.

1. The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.
2. The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.
3. This request for information is denied because the form is incomplete.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

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|----------|
| Comments |
|----------|